

Name
in
Full

Frank R. Aldridge

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

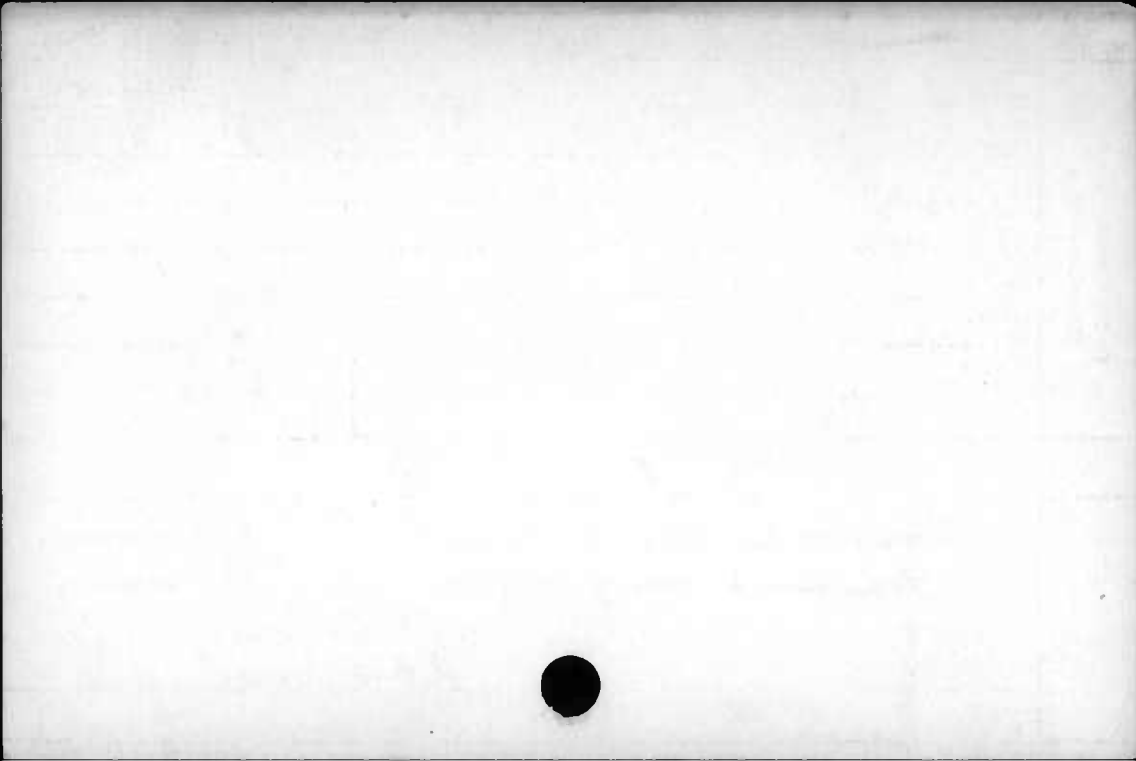
Died at <i>Woodsbury</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>Jan</i>	Day <i>27</i>	Age	Months	Days <i>11</i>
Sex <i>Male</i>	Color or Race <i>W. Whit</i>		Birth-place <i>Woodsbury</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Frank Aldridge</i>			Father's Birthplace <i>W. Va.</i>		
Mother's Maiden Name <i>Lizzie Cook</i>			Mother's Birthplace <i>Pa.</i>		
Name of person giving information <i>Frank Aldridge</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

157

PHYSICIAN
OR CORONER

Primary <i>Pneumonia Bristle</i>	How long <i>7 weeks</i>
Immediate <i>Terminal</i>	How long <i>11 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. Alan E. Munn</i>
	Address <i>Woodsbury</i>
Accident or Suicide?	



Name
in
Full

George J. Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cumberland ^{Town} Al Hospital ^{County} Allegheny		MARYLAND	
Date of death 1908	Month July	Day 25	Age 27
Sex Male	Color or Race White	Birth-place Winchester Va	Months 11 Days 28
Occupation R R Brakeman	Where Residing if not at place of death Highland St.		
Married, Single or Widowed Married	Name of Wife or Husband Clara L Rice		
Father's Name Isaac Anderson	Father's Birthplace Winchester Va		
Mother's Maiden Name caroline Susan Karper	Mother's Birthplace " "		
Name of person giving information Mrs Clara L Anderson	How related to deceased Wife		

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary Fractured base of skull	How long 36 hours
Immediate Fractured base of skull	How long 36 hours
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. H. Hail
1 Heard	Address 290. Mechanic & Carpenter Ind
Accident or Suicide? Accident	



Name
in
Full

Isabelle Batie.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Allegh.		MARYLAND	
Date of death	1908	Month Jan	Day 16	Age	Years —	Months 6	Days —
Sex	Female		Color or Race	White		Birth- place	Cumt.
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband		—	
Father's Name		Albert H. Batie.				Father's Birthplace	
Mother's Maiden Name		Carrie Gittings				Mother's Birthplace	
Name of person giving Information		Albert H. Batie				How related to deceased	
						Father	

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary	Acute Nephritis	How long	2 weeks
Immediate	Coma	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
✓ Are the name, age, sex, color, date and place correctly given above? ✓		James J. Johnson, M.D. Address Cumberland Md	
Accident or Suicide?			

63 Grand Ave.

Name
in
Full

Juliaschi Biashki

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

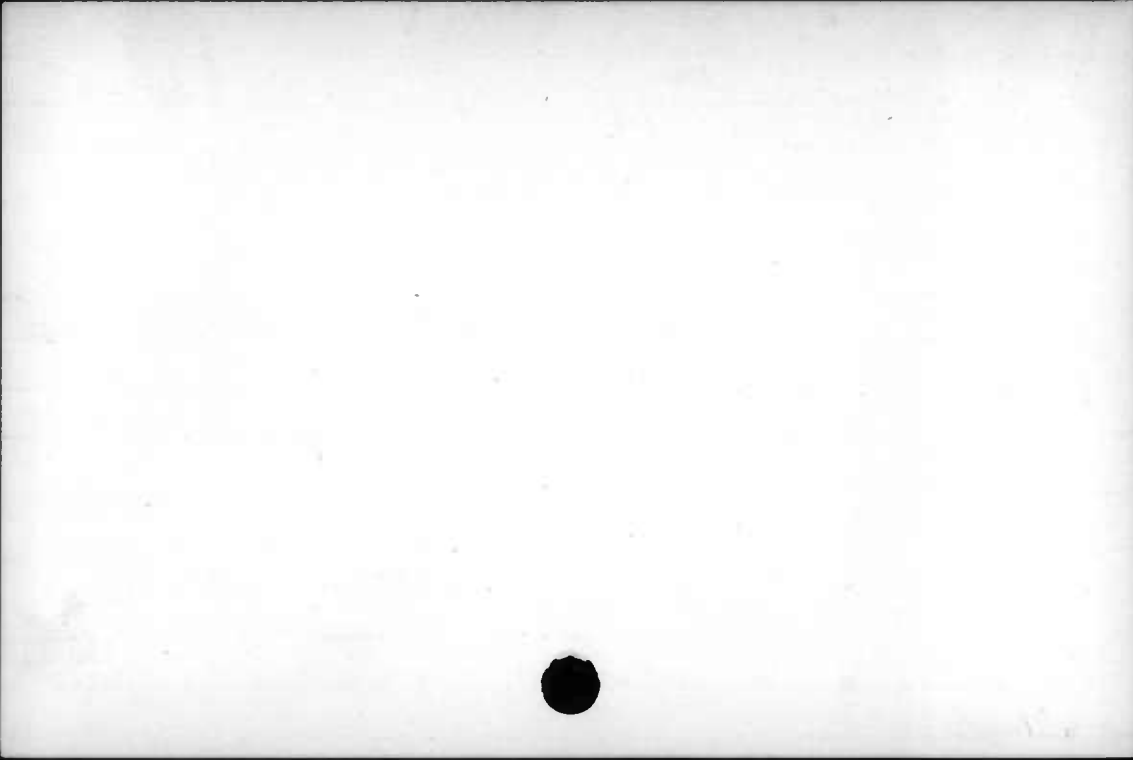
Died at <u>Westport</u> ^{Town}		<u>Allegheny</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	<u>Jan</u> ^{Month}	<u>13</u> ^{Day}	<u>3</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Pa.</u>		
Occupation <u>Infant life</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>James Biashki</u> ✓	Father's Birthplace <u>Poland</u>				
Mother's Maiden Name <u>Mary Biashki</u>	Mother's Birthplace <u>11</u>				
Name of person giving information <u>"</u>	How related to deceased <u>mother</u>				

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary <u>Diphtheria</u>	How long <u>4 days</u>
Immediate <u>Dyspnoea</u>	How long <u>5 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>C. J. Fajenbaker</u>
	Address <u>Westport Md.</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Rose Biashki

Town

County

MARYLAND

Died at

Date

1908.

Month

Jan.

Day

14

Age

Year

15

Months

Days

Sex

Female

Color or
Race

white

Birth-
place

Pa

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

James Biashki

Father's
Birthplace

Poland

Mother's
Maiden Name

Mary "

Mother's
Birthplace

12

Name of person giving
Information

" "

How related
to deceased

mother

CAUSES OF DEATH

9

Primary

Diphtheria

How long

3 days

Immediate

Dyspnoea

How long

3 or 4 hours

Are the name, age, sex, color, date
and place correctly given above

yes

Signature of
Physician

Address

C. J. Fagerbaker

Westport

Ind

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1

They would not allow
me to use Anti-Toxin.
Five like hogs, claim
medicine cost "too much
money".

D. Fagunboker.

Name

in
Full

Sophia L. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> ^{Town}		<u>Allegheny</u> ^{County}		MARYLAND	
Date of death	1908	Month	1	Day	28
Age		23		Years	4
Sex	Female	Color or Race	Black	Birthplace	Cumberland
Occupation	Local	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name		Edward Brown		Father's Birthplace	
Mother's Maiden Name		Sophia Brown		Mother's Birthplace	
Name of person giving information		Rose Parker		How related to deceased	
				Aunt	

CAUSES OF DEATH

132

PHYSICIAN
OR CORONER

Primary	General peritonitis	How long	1 mo.
Immediate	Shock following operation	How long	3 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Address	
		63 W. Mechanics St.	
Accident or Suicide?			

Gr Sparks

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

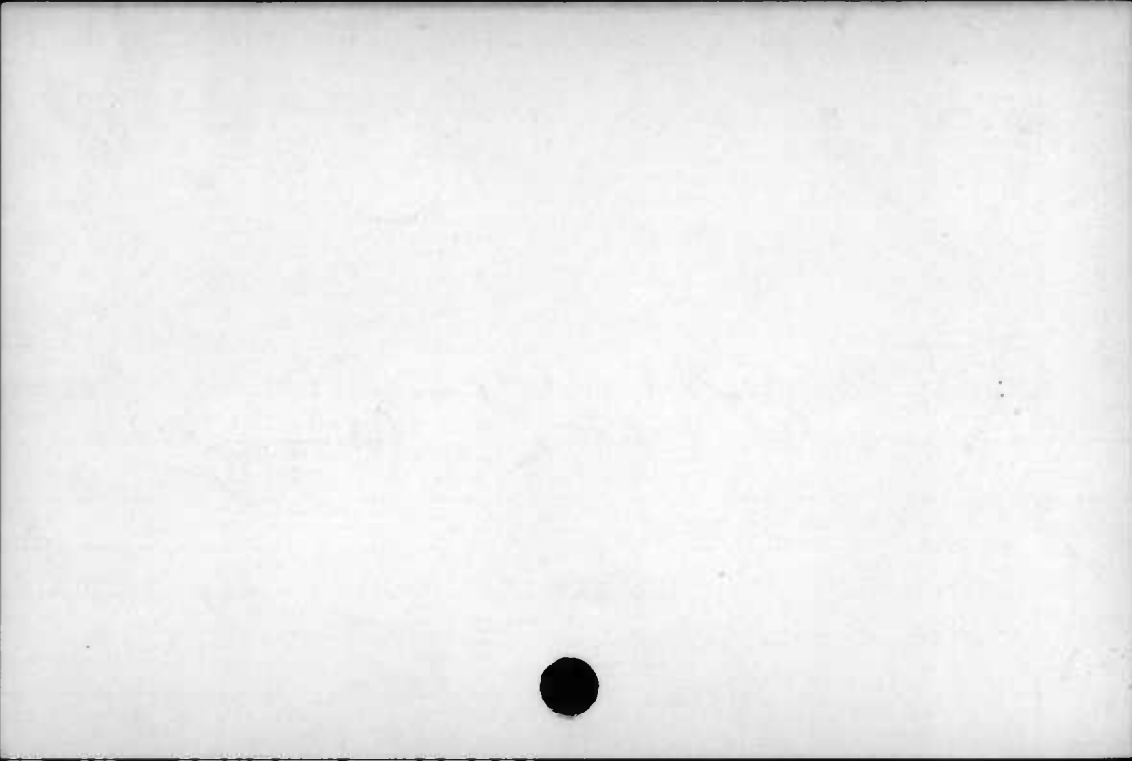
Died at <i>Gilpin</i> Town		<i>Alligany</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>Jan</i>	Day <i>21</i>	Age <i>26</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth place <i>Lonscoming</i>		
Occupation <i>Miner</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Peter Burt</i>	✓			Father's Birthplace <i>Scotland</i>	
Mother's Maiden Name <i>Mary Douglas</i>				Mother's Birthplace <i>or</i>	
Name of person giving information <i>Peter Burt</i>				How related to deceased <i>father</i>	

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>La-grippe</i>	How long <i>One week</i>
Immediate <i>Congestive Pneumonia</i>	How long <i>48 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. E. Skilling</i>
<i>yes</i>	Address <i>Lonscoming,</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Robert William Carroll

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

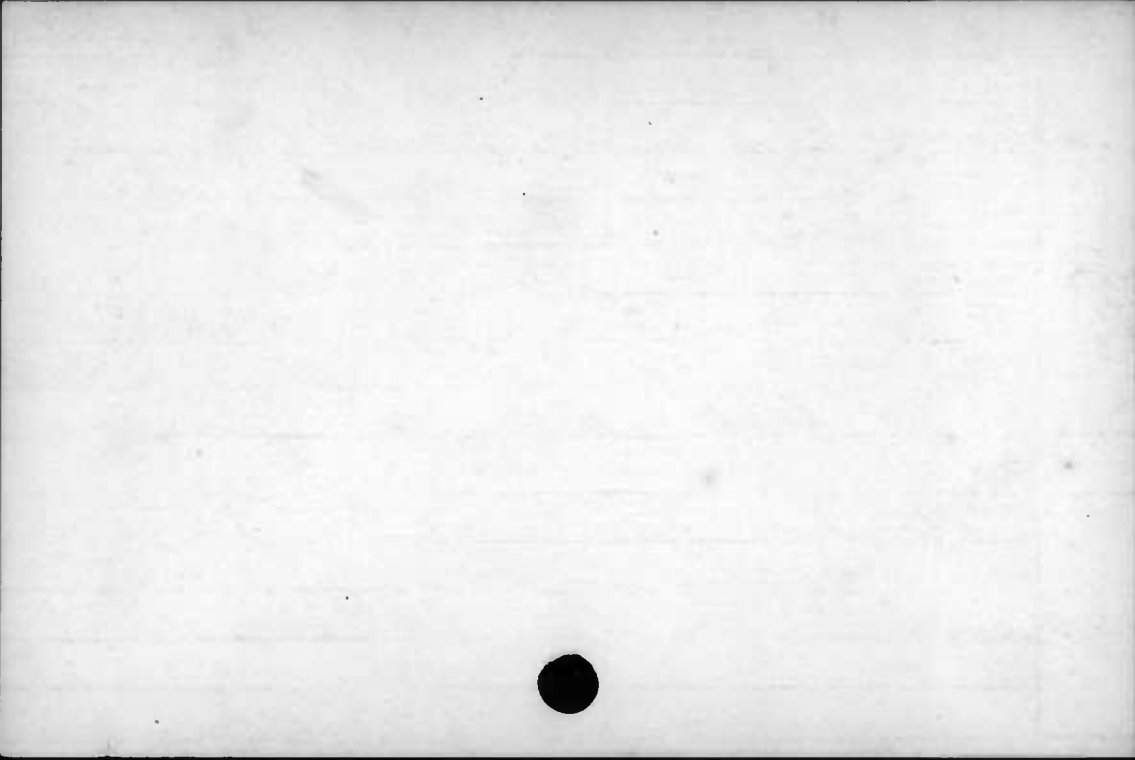
Died at		Tow Cumberland		County Allegany		MARYLAND	
Date of death	1908	Month January	Day 15	Age 53	Years	Months	Days
Sex	Male		Color or Race	White		Birth- place	W. Virginia
Occupation	Railroad Conductor			Where Residing if not at place of death			
Married, Single or Widow Married				Name of Wife or Husband			
Father's Name				Amos P. Carroll			
Mother's Maiden Name				Martha Carroll			
Name of person giving Information				Albert W. Carroll			
Father's Birthplace				W. Virginia			
Mother's Birthplace				W. Virginia			
How related to deceased				Sole			

CAUSES OF DEATH

106

Primary	Gastro enteritis	How long	4 days.
Immediate	Mitral insufficiency	How long	1 hour
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		William P. Boardman	
Address		116 Virginia Ave Cumberland.	
Accident or Suicide?		Stem	

1
PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Woodland</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>1</i>	Day <i>14</i>	Age <i>6-6</i>	Months <i>3</i>	Days <i>0</i>
Sex <i>Male</i>	Color or Race <i>White Hungarian</i>		Birth-place <i>Csla-Hungary</i>		
Occupation <i>Miner</i>	Where Residing if not at place of death <i>Woodland.</i>				
Married, Single or Widowed	Name of Wife or Husband <i>Annice Kis Cesnick</i>				
Father's Name <i>Joseph Cesnick.</i>	Father's Birthplace <i>Hungary</i>				
Mother's Maiden Name <i>Annice Kis.</i>	Mother's Birthplace <i>Hungary</i>				
Name of person giving information <i>Joseph Orrok</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 days</i>
Immediate <i>Collapse after Exertion</i>	How long <i>3 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Kilgour White</i>
	Address <i>National Ind.</i>
Accident or Suicide? <i>_____</i>	

Hafer.

St. Michael Cerm.

Town.

Name in Full Thomas H. Chandler		CERTIFICATE OF DEATH	
Died at Cumtland Town		Allegheny County	
Date of death 1908 Month July Day 1		Age 66 Years Months 7 Days	
Sex male		Color or Race White	
Occupation Constabler		Birth-place Tennessee	
Where Residing if not at place of death -			
Married, Single or Widowed Married		Name of Wife or Husband Amanda	
Father's Name Do not know		Father's Birthplace Do not know	
Mother's Maiden Name Do not know		Mother's Birthplace " " "	
Name of person giving information Amanda Chandler		How related to deceased Wife	
CAUSES OF DEATH			
Primary Epileptic disease		How long one year	
Immediate drop		How long 3 months	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. H. [Signature]	
Address [Signature]			
Accident or Suicide? No			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

120

Mr James Storratt
in Surg. Chamber.
" Corneal.

Aug 23- 1881

|||||||

Bloomburg

Tennessee

1 Sen 2 Days.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

James A. Connelly.

Died at Amud Town Allegheny County

Date of death 1908 Month Jan Day 31 Age 5 Years Months — Days —

Sex Male Color or Race White Birth-place Amud

Occupation None Where Residing if not at place of death Arch st.

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Edward Connelly Father's Birthplace Ind.

Mother's Maiden Name Elizabeth S. Brantner Mother's Birthplace Martinsburg W. Va.

Name of person giving information Edward Connelly How related to deceased Father

CAUSES OF DEATH

108

Primary Intestinal Obstruction How long 2 days

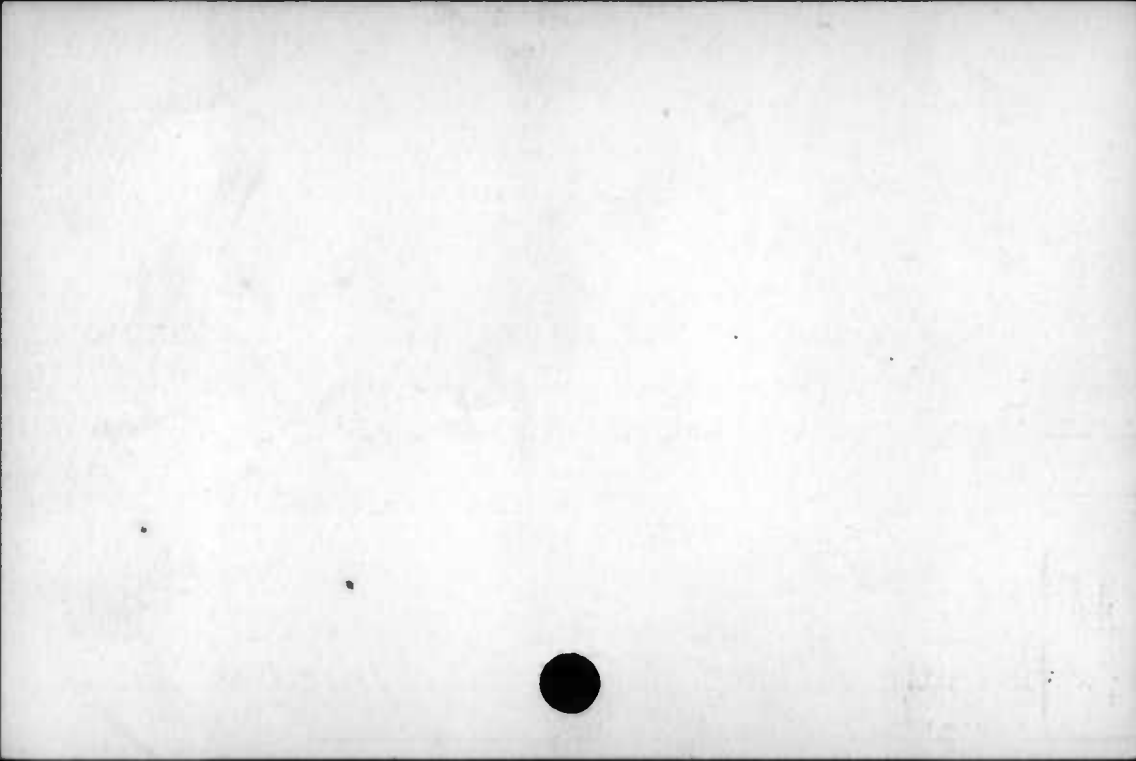
Immediate Convulsions How long 1 hour

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician E. B. Clayton M.D.

Address Amud

Accident or Suicide?



Name
in
Full

Wm. C. Conners

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Cumhd* ^{Town} *alleg* ^{County} **MARYLAND**

Date of death 1908 *Jan* ^{Month} *19* ^{Day} Age *—* ^{Years} *11* ^{Months} *30* ^{Days}

Sex *Male* Color or Race *White* Birth-place *Cumhd*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Chas W. Conners* Father's Birthplace *Cumhd*

Mother's Maiden Name *Mary Witt* Mother's Birthplace *Pa.*

Name of person giving information *Chas W Conners* How related to deceased *Father*

CAUSES OF DEATH

(1179)

PHYSICIAN
OR CORONER

Primary *Malnutrition* How long *6 mos.*

Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *A. Leo Franklin*

Address *7 Cumberland*

MD

Accident or Suicide? *S*

20 Flat
& Corners

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Frederick</i> ^{Town}		<i>Alleg</i> ^{County}				
Date of death	<i>1908</i> ^{Year}	<i>Jan</i> ^{Month}	<i>16</i> ^{Day}	Age <i>25</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>M</i>	Color or Race <i>W</i>		Birth-place <i>Ind</i>			
Occupation <i>Clerk</i>	Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>					
Father's Name <i>Patrick Conway</i>	Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Mary Ryan</i>	Mother's Birthplace <i>"</i>					
Name of person giving information <i>John Conway</i>	How related to deceased <i>Brother</i>					

CAUSES OF DEATH

45

Primary <i>Sarcocoma of thigh</i>	How long <i>5 mo</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Thompson
Frederick, Md

Accident or Suicide?

PHYSICIAN
CORONER

Jack Haver

St Michael's Lane

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

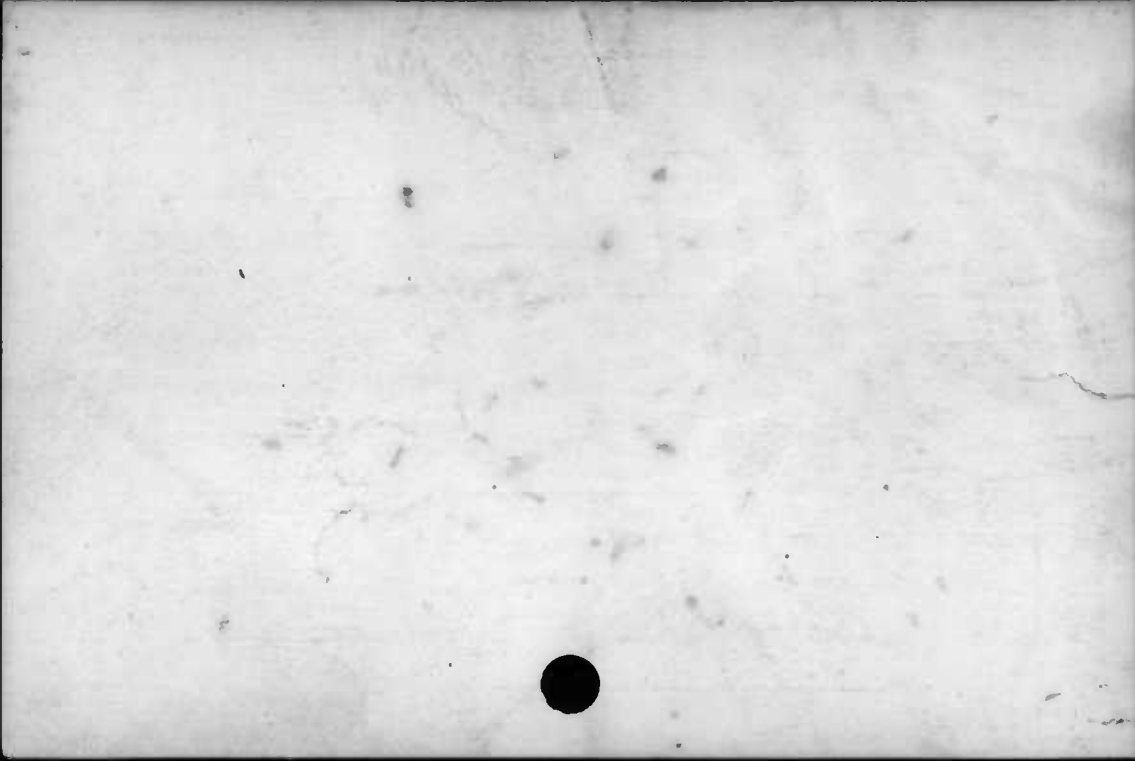
Died at <i>Vale Summit</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>Jan</i>	Day <i>30</i>	Years <i>02</i>	Months <i>1</i>	Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Wales</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>Vale Summit</i>				
Married, Single or Widowed	Name of Wife or Husband <i>Labelle Davis</i>				
Father's Name <i>Mr Brown</i>	Father's Birthplace <i>Wales</i>				
Mother's Maiden Name <i>Mr Brown</i>	Mother's Birthplace <i>Wales</i>				
Name of person giving information <i>Father in Law Mrs Jones</i>	How related to deceased				

CAUSES OF DEATH

110

PHYSICIAN
OR CORONER

Primary <i>Lagrip</i>	How long <i>Several days</i>
Immediate <i>Pneumonia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>as C. Holdsworth</i>
	Address <i>Exhart Mines</i>
Accident or Suicide?	<i>and</i>



Name
in
Full

Not named. Drimmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

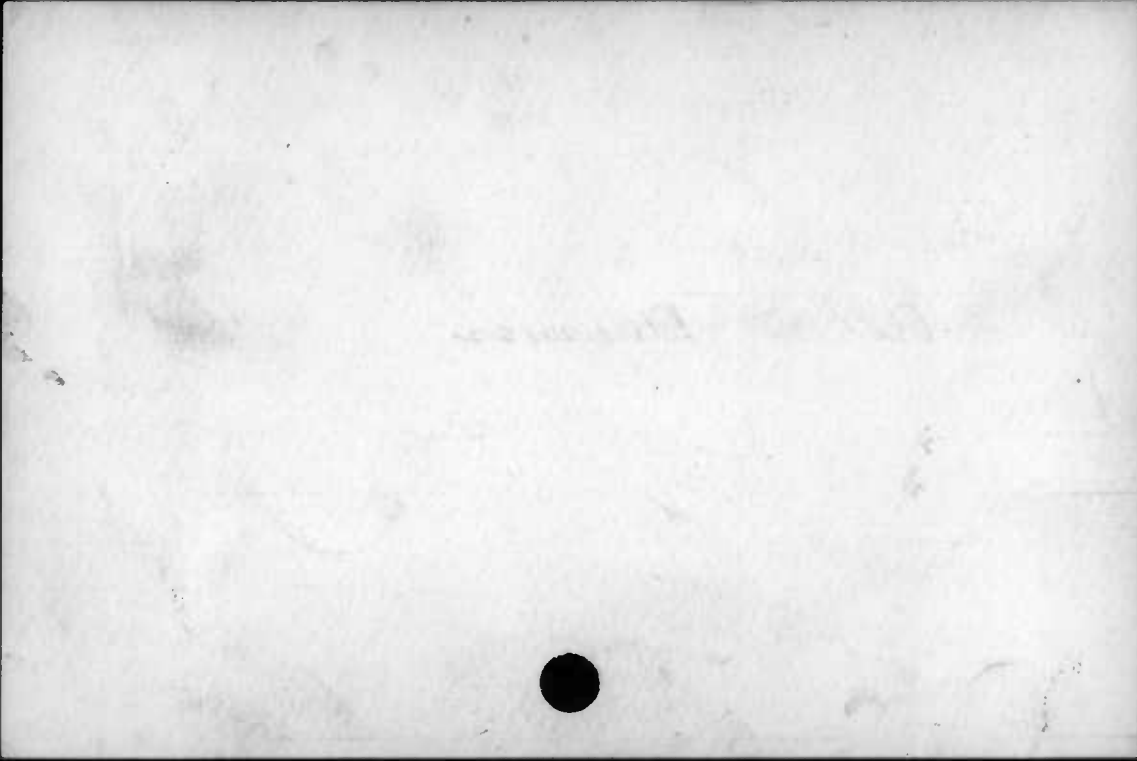
Died at <u>Cumberland</u> ^{Town}		<u>Allegheny</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	<u>Jan</u> ^{Month}	<u>15</u> ^{Day}	Age <u>7</u> ^{Years}	Months <u>7</u>	Days <u>7</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Cumberland</u>		
Occupation <u> </u>	Where Residing if not at place of death <u>Cumberland Md</u>				
Married, Single or Widowed <u> </u>	Name of Wife or Husband <u> </u>				
Father's Name <u>Albert Drimmer</u>	Father's Birthplace <u>Not known</u>		Mother's Birthplace <u>W. Va.</u>		
Mother's Maiden Name <u>Alberta Morland</u>	Name of person giving information <u>C. C. Morland</u>		How related to deceased <u>Grandfather</u>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <u>General Debility -</u>	How long <u>7 days</u>
Immediate <u>Exhaustion</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>F. B. McDonald</u>
	Address <u>Cumberland Md</u>
Accident or Suicide? <u> </u>	



Name
in
Full

Mary Deter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Cumberland* TownCounty *Allegheny*

MARYLAND

Date
of death *1908*Month
*Jan*Day
*25*Age
14 YearsMonths
2

Days

Sex *Female*Color or
Race *White*Birth-
place *Cumberland*Occupation
*Student*Where Residing if not
at place of death *-*Married, Single
or Widowed *Single*Name of Wife or
Husband *-*Father's
Name *Brady D Deter*Father's
Birthplace *Fredrick Md*Mother's
Maiden Name *Francis Dawson*Mother's
Birthplace *Alleg C. Md.*Name of person giving
information *Brady D Deter*How related
to deceased *Father*

CAUSES OF DEATH

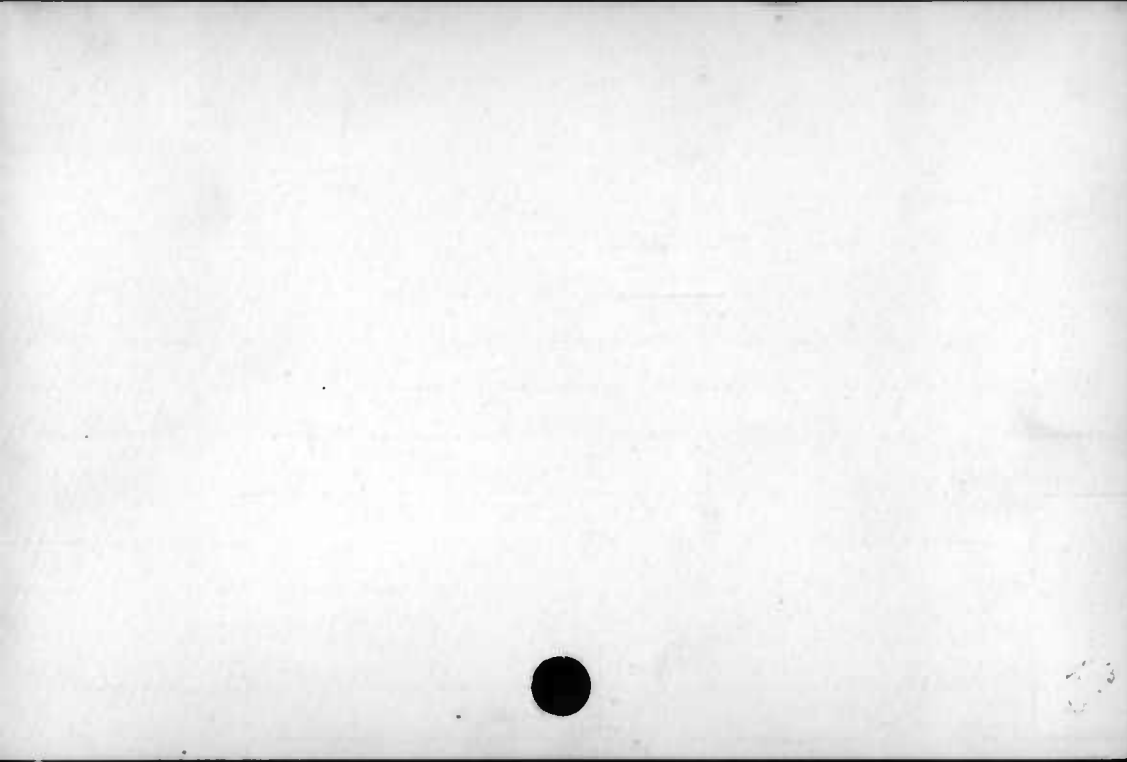
(1)

Primary *Typhoid Fever*How long
*1 Mo*Immediate *Pneumonia & Exhaustion*How long
*3 da*Are the name, age, sex, color, date
and place correctly given above? *yes.*Signature of
Physician *Dr C L Orr*Address
*100 Va ave
Cumberland Md**Sister*
no

Accident or Suicide?

PHYSICIAN
OR CORONER

(1)



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Harriett Diggs*

Town

County

MARYLAND

Died at

Brown

Date

1908

Month

Jan

Day

4

Age

Years

87

Months

—

Days

—

Sex

*Female*Color or
Race*Coker d*Birth-
place*West Va*

Occupation

*housekeeper*Where Residing if not
at place of deathMarried, Single
or Widowed*Widowed*Name of Wife or
Husband*Nicholas Diggs*Father's
Name*Peter Bias*Father's
Birthplace*West Va*Mother's
Maiden Name*Unknown*Mother's
BirthplaceName of person giving
Information*Gritty Powell*How related
to deceased*Daughter*

CAUSES OF DEATH

1154

Primary

Similitis

How long

87 yrs

Immediate

Exhaustion

How long

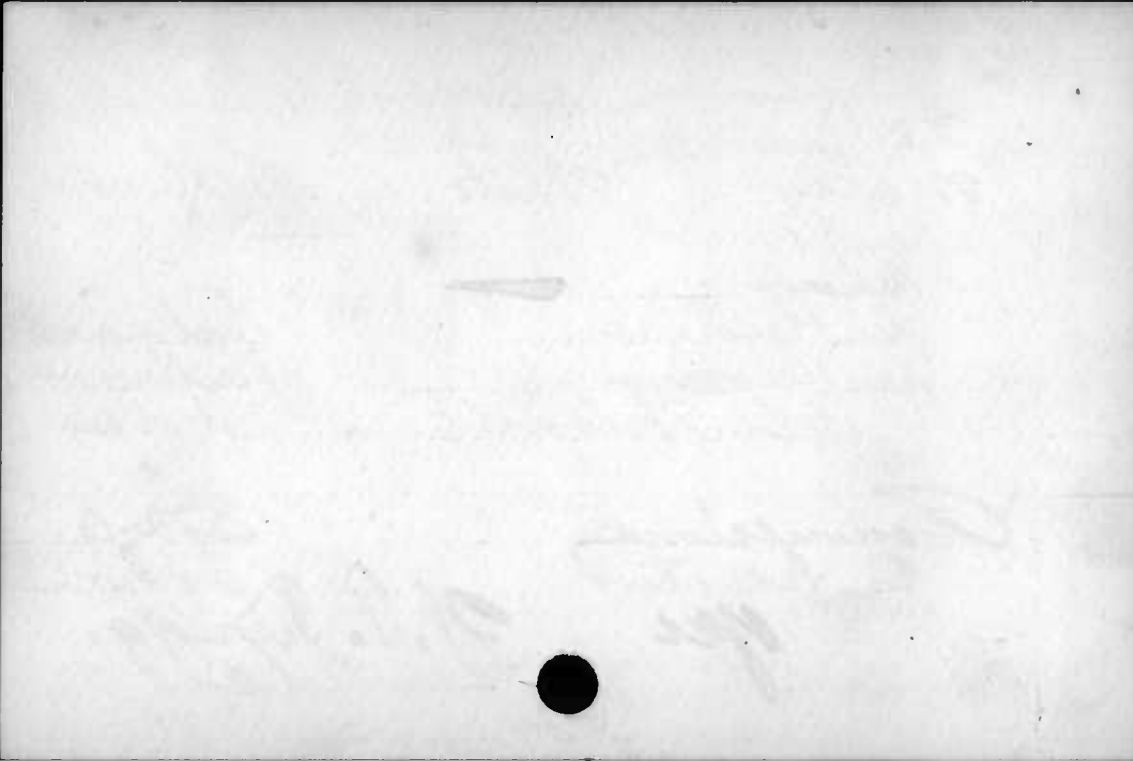
*1 month*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*A. D. Lauplin*

Address

Cumberland, Md.

Accident or Suicide?

*—**Franklin*



Name
in
Full

William Dillon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

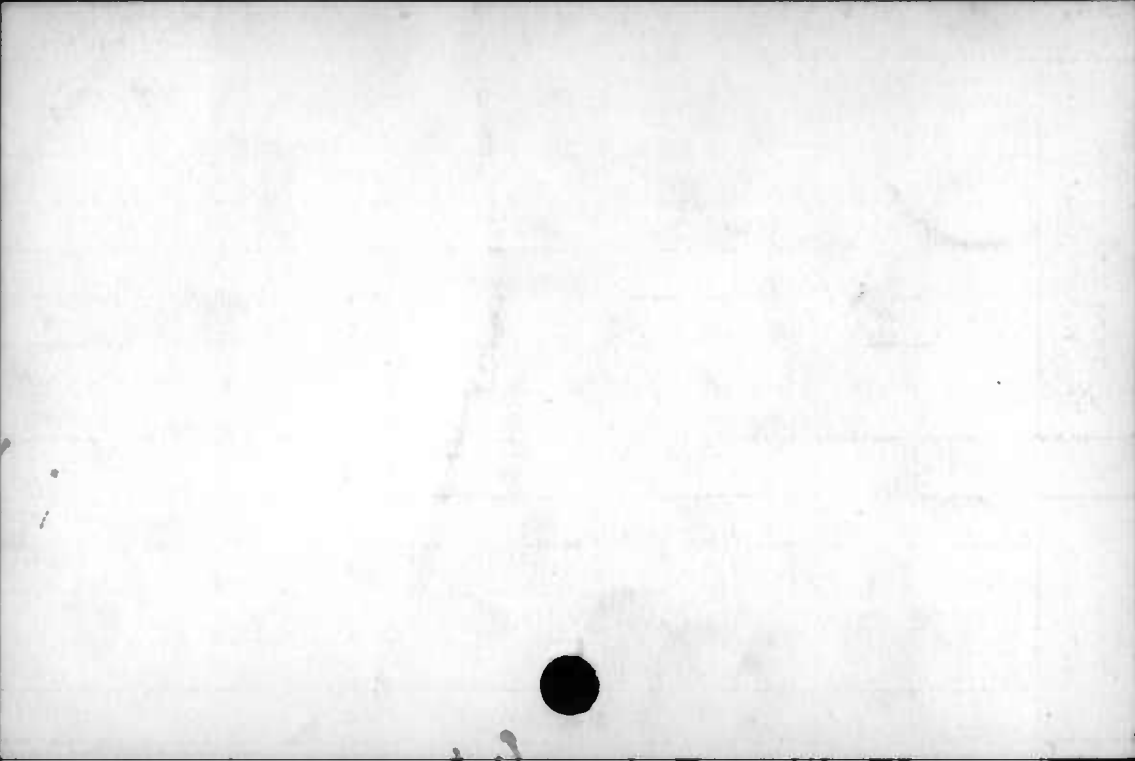
Died at <i>Alumthous</i> , <i>Alumthous</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>Jan</i>	Day <i>23</i>	Age <i>abt 30yr</i>
Sex <i>male</i>	Color or Race <i>White</i>	Birth-place <i>Unknown</i>	
Occupation <i>Unknown</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Unknown</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Peter Wilson</i>	How related to deceased <i>Not at all</i>		

CAUSES OF DEATH

170

PHYSICIAN
OR CORONER

Primary <i>Convulsions</i>	How long <i>3 days</i>
Immediate <i>Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>M. F. Twigg</i>
Skinner Don't know	Address <i>Alumthous</i>
Accident or Suicide? <i>cause, probably epileptic. No</i>	



Name
in
Full

Sarah Dowling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> ^{Town}		<i>Alleghany</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>Jan'y</i> ^{Month}	<i>24</i> ^{Day}	Age <i>72</i> ^{Years}	<i>-</i> ^{Months}	<i>-</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>England</i>		
Occupation <i>retired Housekeeper</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Thomas</i>			
Father's Name <i>John Grippeth</i>			Father's Birthplace <i>England</i>		
Mother's Maiden Name <i>Do not know</i>			Mother's Birthplace <i>England</i>		
Name of person giving information <i>Mrs J B Patton</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Organic heart disease</i>	How long <i>Severe years</i>
Immediate <i>Heart failure</i>	How long <i>Instantly</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. J. Duke</i>
<i>Stein</i>	Address <i>Cumberland Md.</i>
Accident or Suicide?	

Sraftin W. re.

Joyler Bonny

J B Paffin

Name
in
Full

Mary M. Edwards

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

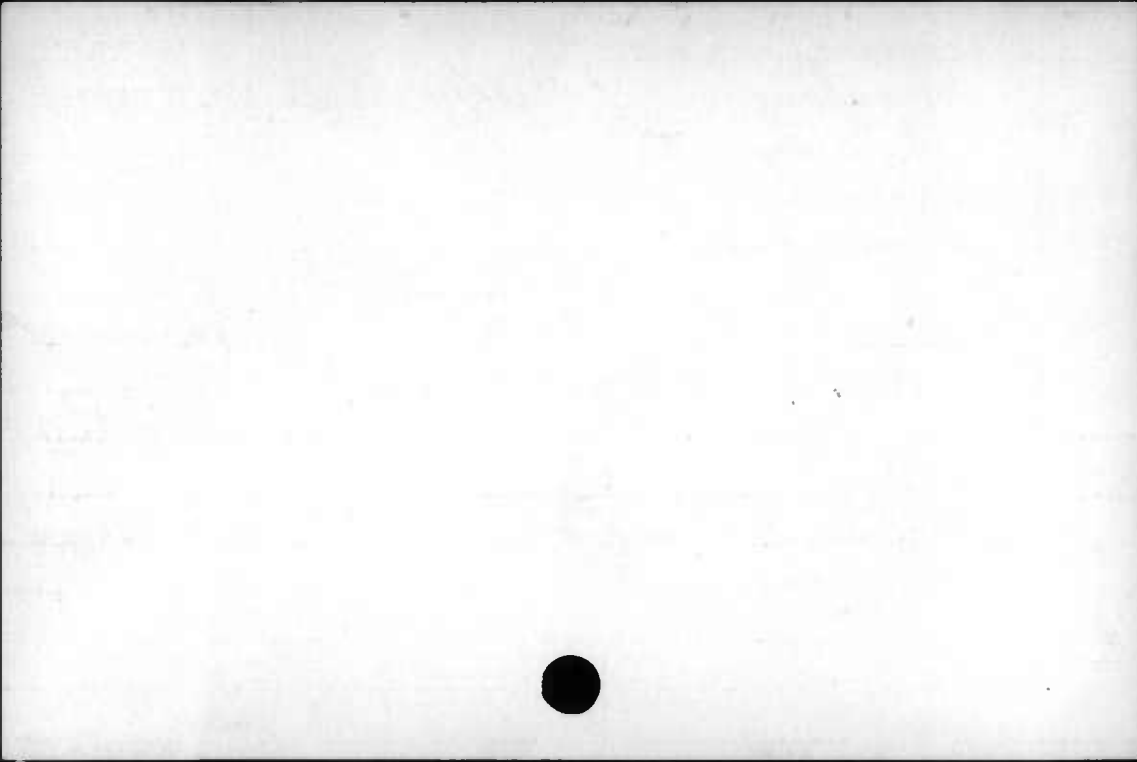
Died at		Town Cumberland		County Halegarney		MARYLAND	
Date of death		1908	Month Jan	Day 10	Age 61	Years 3	Months —
Sex Female		Color or Race White		Birth- place Cumberland Md			
Occupation Housewife		Where Residing if not at place of death —					
Married, Single or Widowed Married		Name of Wife Husband Emory Edwards					
Father's Name Gas B. Walton		Father's Birthplace Haford Md					
Mother's Maiden Name Margaret Wagner		Mother's Birthplace Cumberland Md					
Name of person giving In formation Emory Edwards		How related to deceased Husband					

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary	Intestinal Tuberculosis	How long about 3 months
Immediate	Exhaustion	How long one week
Are the name, age, sex, color, date and place correctly given above?		yes
Signature of Physician		E. S. Duke
Address		Cumberland Md
<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">1</div> Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

Annice Essie

Town

County

MARYLAND

Died at

Frostburg

Alleg C

Date

Month

Day

Years

Months

Days

of death

1908 January

14

Age

38

Sex

Female

Color or
Race

white

Birth-
place

Frostburg Md

Occupation

Domestic

Where Residing if not
at place of death

X

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Henry Essie

Father's
Birthplace

Germany

Mother's
Maiden Name

Kathel Pressman

Mother's
Birthplace

"

Name of person giving
In formation

John Essie

How related
to deceased

Brother

CAUSES OF DEATH

(11)

Primary

Typhoid fever

How long

Four days

Immediate

Heart failure

How long

" "

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. Griffith

Address

Frostburg Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

(1)

Allegheny Co
Jacob Hager

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

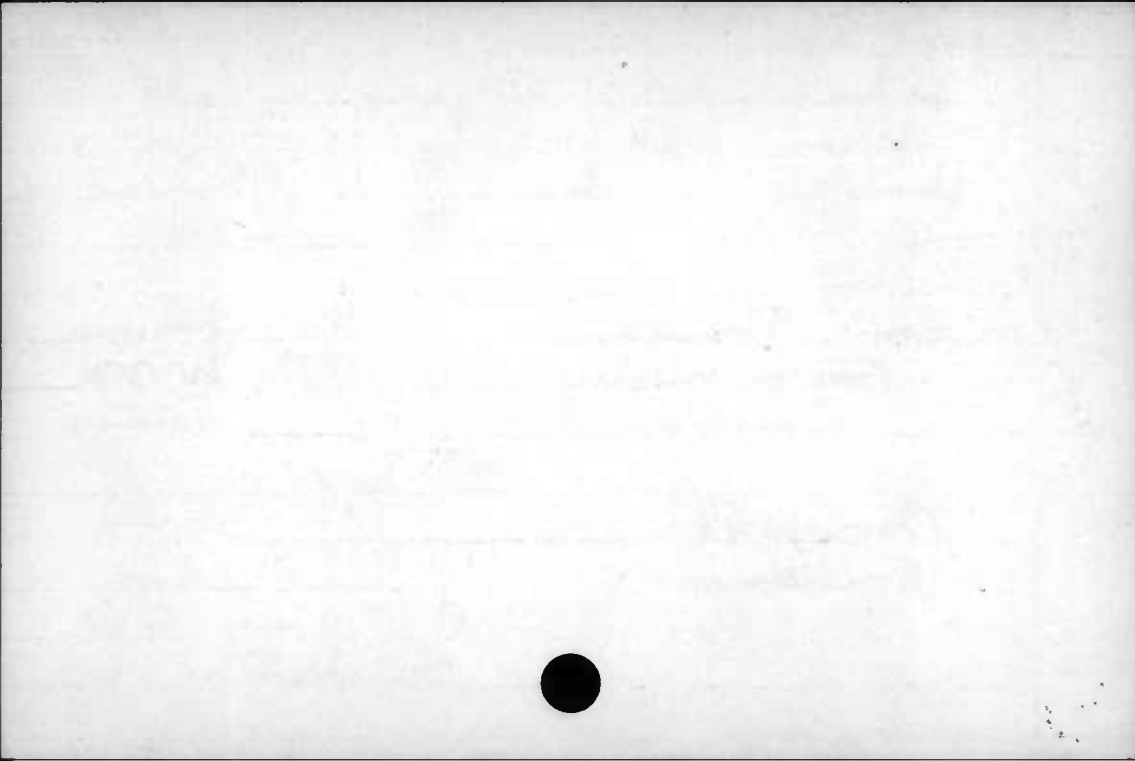
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		1	12	80			
Sex	M.	Color or Race	W.	Birth-place	Germany		
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			Catherine Engle			
Father's Name	John Engle			Father's Birthplace	Germany		
Mother's Maiden Name	Don't know			Mother's Birthplace	Germany		
Name of person giving information	John Engle			How related to deceased	son		

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	How long
Apoplexy	10 hours
Immediate	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Dr. W. M. Lane
	Address
	Frostburg Md
Accident or Suicide?	



Name
in
Full

Childred Irene Fountain

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

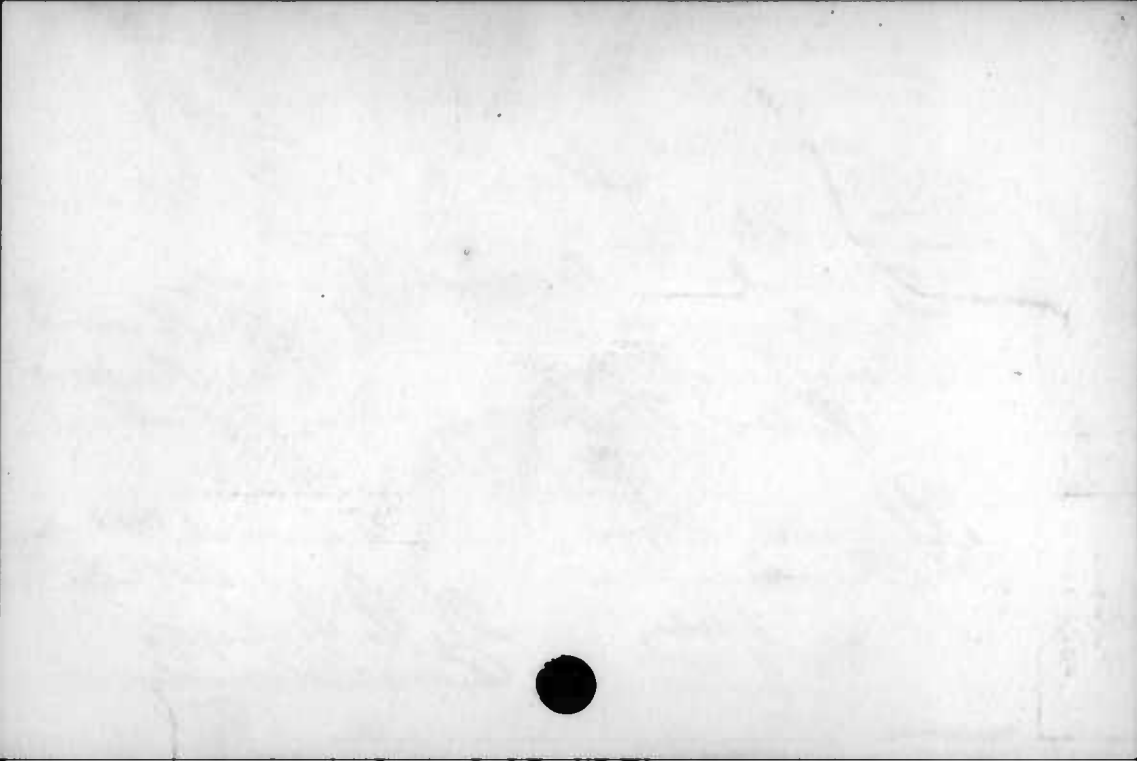
Died at <u>S. Cumberland</u> Town		<u>Allegheny</u> County		MARYLAND	
Date of death	<u>1908</u>	Month	<u>Jan</u>	Day	<u>28</u>
				Year	<u>1908</u>
Sex	<u>female</u>	Color or Race	<u>white</u>	Birth-place	<u>S. Cumberland, Md</u>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
<u>Louis Fountain</u>			<u>Louisiana</u>		
Mother's Maiden Name			Mother's Birthplace		
<u>Rose M. Whitney</u>			<u>W Va</u>		
Name of person giving information			How related to deceased		
<u>Louis Fountain</u>			<u>Father</u>		

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	<u>Broncho Pneumonia</u>	How long	<u>2 wks</u>
Immediate	<u>Convulsions</u>	How long	<u>3 hrs</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>E. L. Owens M.D.</u>	
		Address	
		<u>Cumberland Md.</u>	
Accident or Suicide?			
<u>no</u>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James F. Rogers (col)
Town Leoduly Home Maryland County

Died at Date of death 1908 Jan 28 Age 78 Months Days

Sex Male Color or Race Black Birthplace N. Va.

Occupation Coal Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Do not know

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving information Peter Wilson How related to deceased Not at all

CAUSES OF DEATH

48

Primary Rheumatism How long Several years

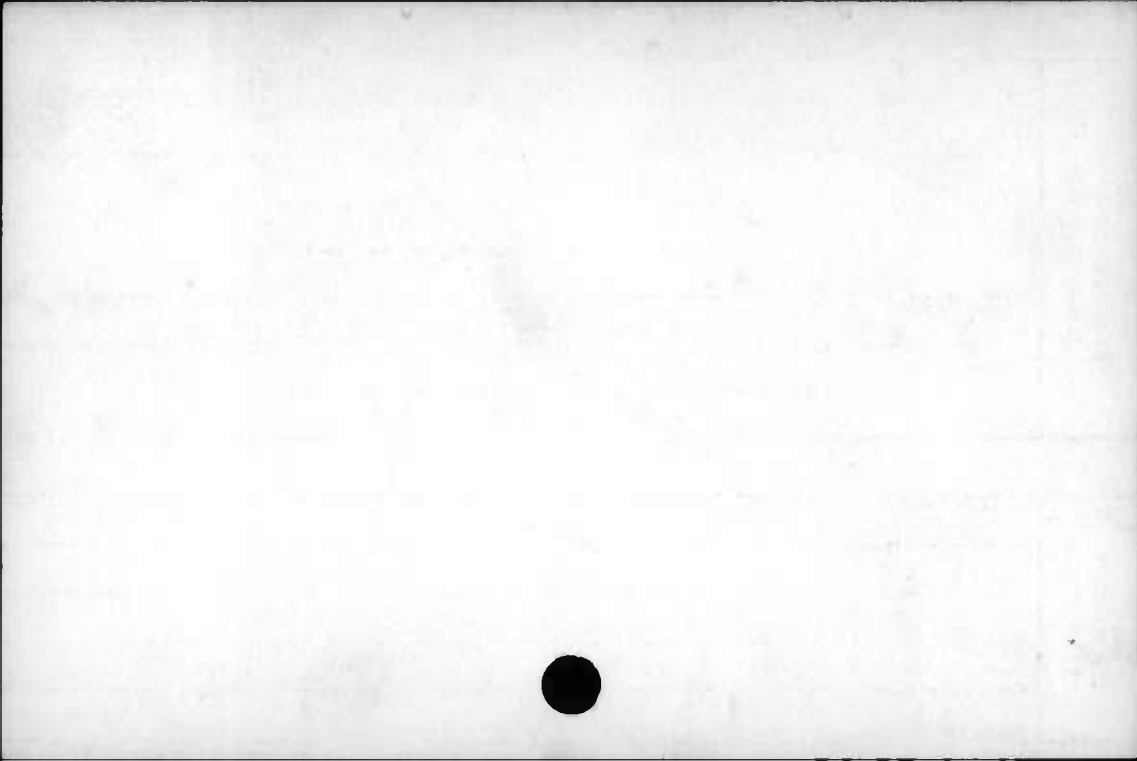
Immediate Unknown

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician H. F. Swigg Address Cumberland Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

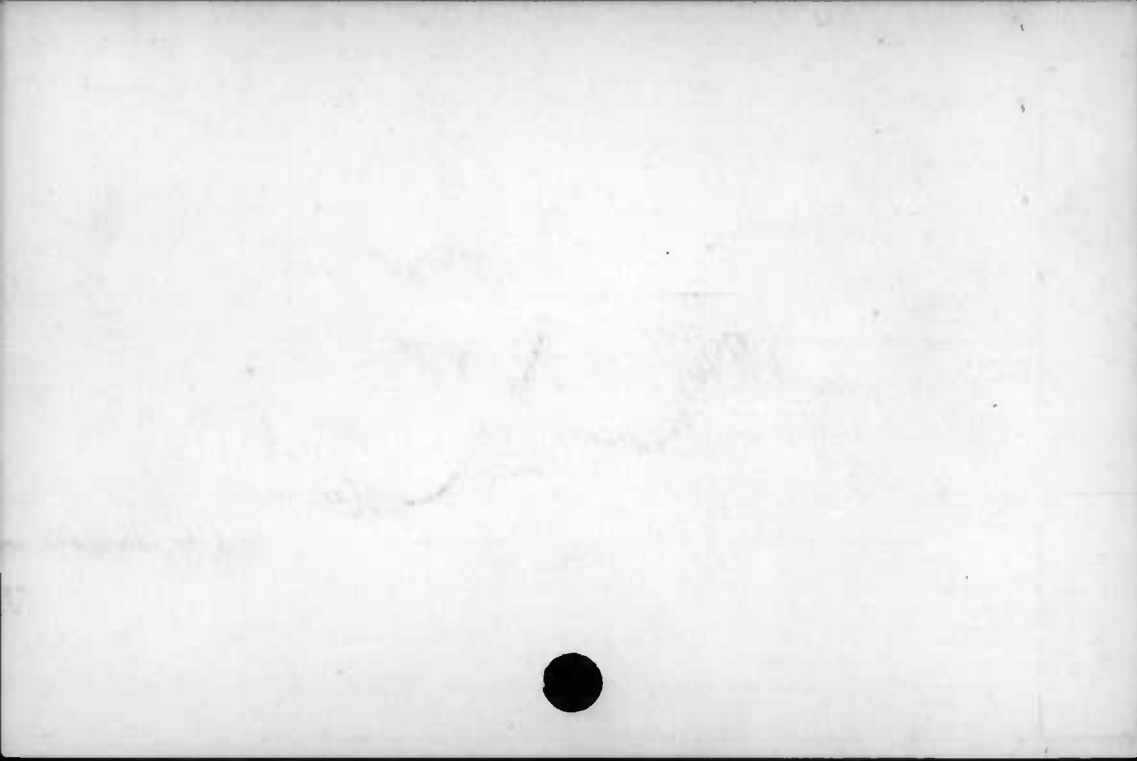
Died at <i>Timberland</i> ^{Town} <i>Accomac</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>1</i> Month <i>28</i> Day	<i>8</i> Age <i>8</i> — Years	Months Days
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Timberland</i>	
Occupation <i>School Boy</i>	Where Residing if not at place of death <i>Timberland</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>Albert Isaac Frazier</i>	Father's Birthplace <i>Levinville Va</i>		
Mother's Maiden Name <i>Ressie B. Green</i>	Mother's Birthplace <i>Levinville Va</i>		
Name of person giving information <i>Ressie B. Frazier</i>	How related to deceased <i>Mother</i>		

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary <i>Killed by leaves accident</i>	How long <i>died about 10 minutes</i>
Immediate	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Matz</i>
	Address <i>Levinville Md.</i>
Accident or Suicide?	



Name
in
Full

Desailes L. Gray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtola</i>			County <i>Allegheny</i>			MARYLAND		
Date of death	1908	Month <i>July</i>	Day <i>24</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>14</i>	
Sex <i>Male</i>	Color or Race <i>White</i>			Birth-place <i>Cumtola</i>				
Occupation <i>none</i>				Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>single</i>			Name of Wife or Husband <i>—</i>					
Father's Name <i>George E Gray</i>			Father's Birthplace <i>Cumtola</i>					
Mother's Maiden Name <i>Emma J. Wills</i>			Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>George E Gray</i>			How related to deceased <i>Father</i>					

CAUSES OF DEATH

157

PHYSICIAN
OR CORONER

Primary	<i>Premature Birth (7 mos)</i>	How long	<i>2 weeks</i>
Immediate	<i>Transition - Spasms</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>Dr. T. Brae, M.D.</i>	
<i>Isaac</i>		Address <i>Cumtola, Maryland</i>	
Accident or Suicide?			

1

304 much. Sp.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

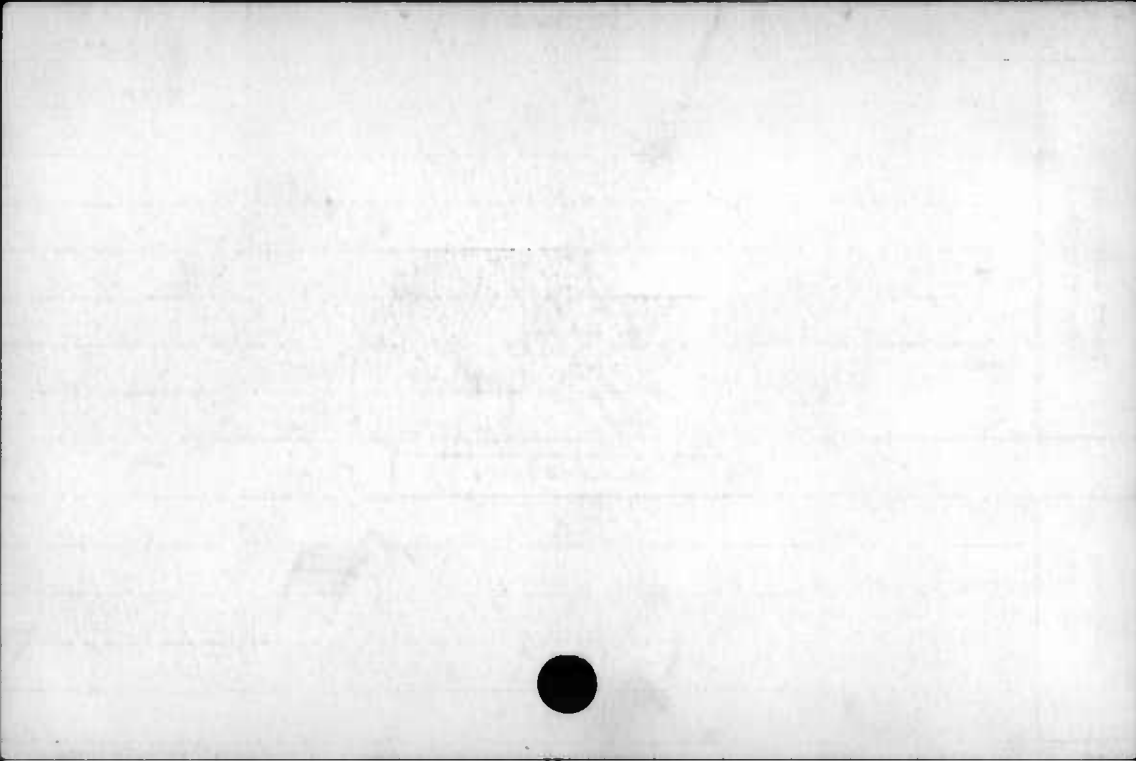
Died at <i>Cumberland</i> Town <i>Alleghany</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>1</i>	Day <i>1</i>	Age <i>57</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth place <i>Columbiana</i>	Months <i>—</i>
Occupation	Where Residing if not at place of death <i>Cumberland</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>J. L. Griffith</i>		
Father's Name <i>Joseph. Binford</i>	Father's Birthplace <i>Don Witty C. House Va</i>		
Mother's Maiden Name <i>Margaret B. Ladd</i>	Mother's Birthplace <i>Chas City C. House Va</i>		
Name of person giving information <i>J. L. Griffith</i>	How related to deceased <i>Husband</i>		

CAUSES OF DEATH

95

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Congestion</i>	How long <i>2 weeks</i>
Immediate <i>& exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>James J. Johnson, M.D.</i>
	Address <i>Cumberland Md</i>
Accident to <i>6-10-08</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Burn* *Mary E Groves*County *Alle*Date of death *1908 Jan*

Month

Day

Age *19*

Years

Months

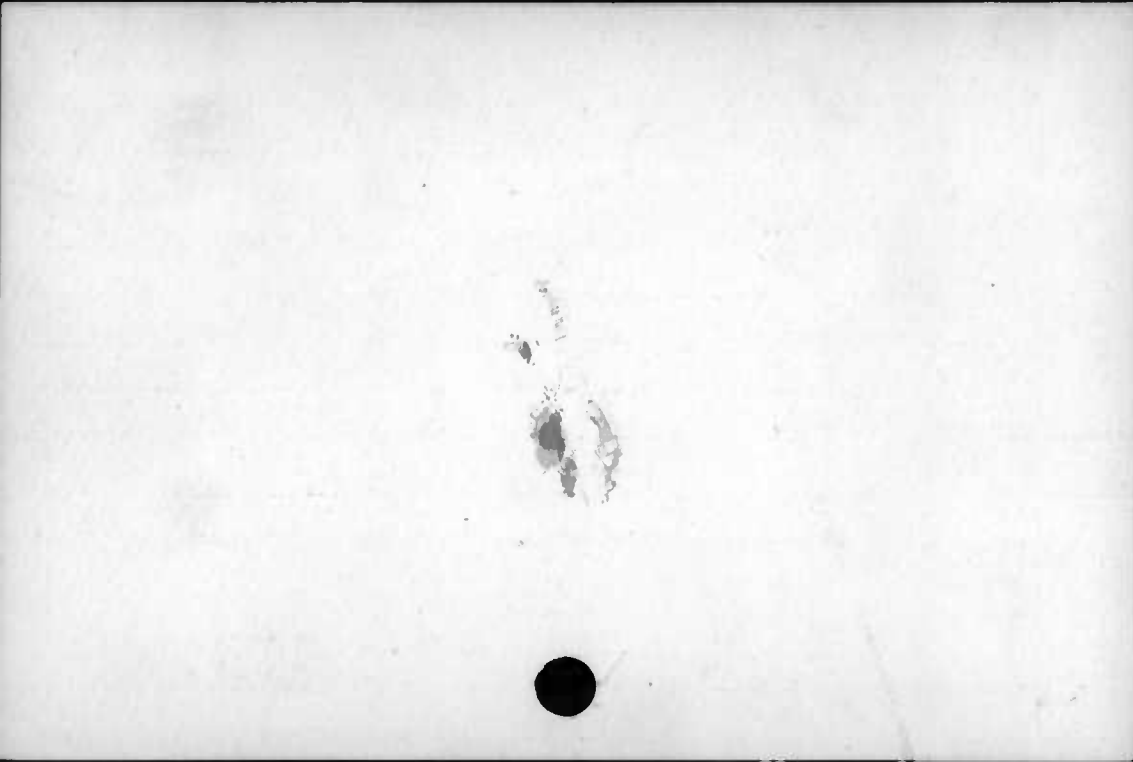
Days

Sex *Female*Color or
Race *White*Birth-
place *Md*Occupation *Housekeeper*Where Residing if not
at place of death *29 Oldtown road*Married, Single
or Widowed *Widowed*Name of Wife or
Husband *Charles Groves*Father's
Name *William Windell*Father's
Birthplace *Md*Mother's
Maiden Name *Unknown*Mother's
Birthplace *Unknown*Name of person giving
In formation *Sarah Shannon*How related
to deceased *Daughter*

CAUSES OF DEATH

179

Primary *General Debility -*How long *Six months*Immediate *Exhaustion*How long *" "*Are the name, age, sex, color, date
and place correctly given above? *Yes*Signature of
Physician *T. B. McDonald*Address *Cumberlaced Md*Accident or Suicide? *—**McDonald*



Name
in
Full

CERTIFICATE OF DEATH

William H. Hager

Town

County

MARYLAND

Died at

Cumberland Allegany

Date

Month

Day

Years

Months

Days

of death 1908

January

10

Age 47

Sex

Male

Color or
Race

White

Birth-
place

Cumberland Md.

Occupation

Clerk

Where Residing if not
at place of death

at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Ruth Hager

Father's
Name

William Hager

Father's
Birthplace

Cumberland Md.

Mother's
Maiden Name

Mary McDonald

Mother's
Birthplace

Maryland

Name of person giving
Information

Mrs D. J. Biderman

How related
to deceased

Sister-in-law

CAUSES OF DEATH

118

Primary

Appendicitis

How long

4 days.

Immediate

Peritonitis

How long

8 hours.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

William R. Board Md.

Address

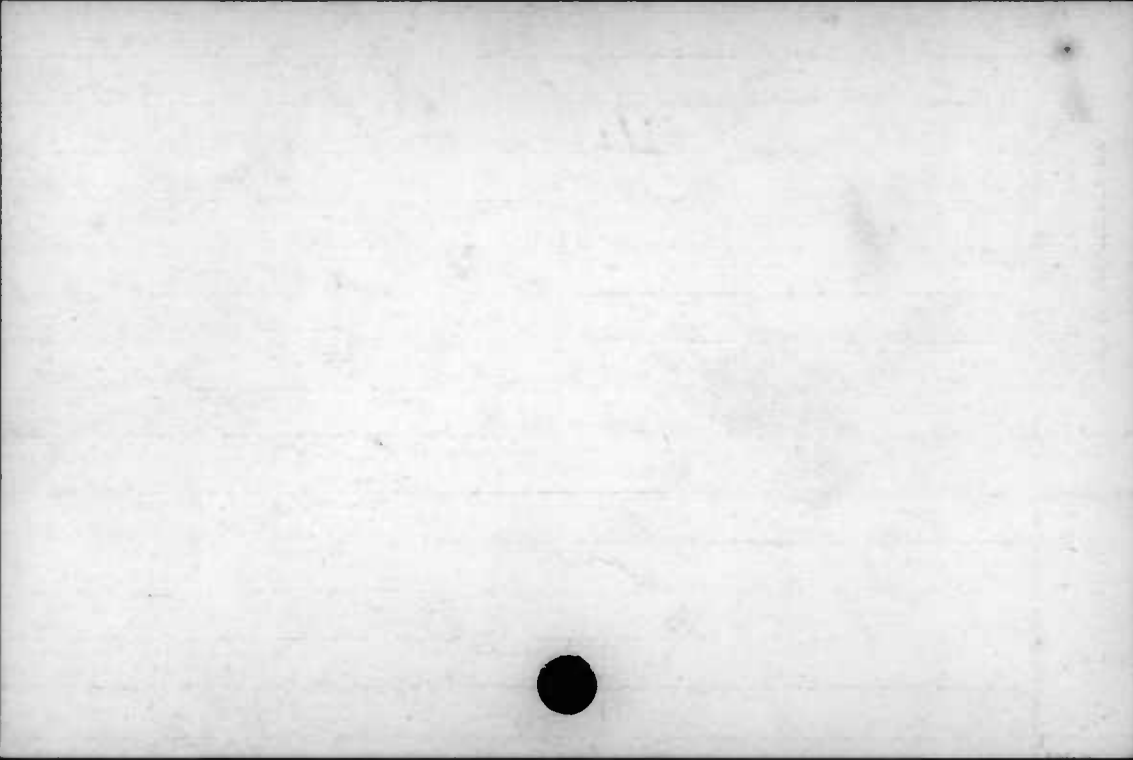
116 Virginia Ave
Cumberland Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1



Name
in
Full

Ruth Mary Harris

CERTIFICATE OF DEATH

MARYLAND

Died at *Threlkington* *Alley* County
Date of death 1908 *July* Month *20* Day Age *3* Years *16* Months *3* DaysSex *F* Color or Race *W* Birth-place *Threlkington*

Occupation _____ Where Residing if not at place of death _____

☒ Married, Single or WidowedName of Wife or Husband *X*Father's Name *Rees Harris*Father's Birthplace *Wales*Mother's Maiden Name *Mary Jones*Mother's Birthplace *"*Name of person giving information *Rees Harris*How related to deceased *Father*

CAUSES OF DEATH

103

Primary *Gastro-Enteritis*How long *One week*Immediate *Cholera*

How long _____

Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *J. G. Griffith*Address *Threlkington*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER
1

Alleghany, Penn.

Jacob Hafer

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary Hitchins*

Died at *Carlos* Town *Allegany* County *MARYLAND*

Date of death *1908* Month *1* Day *7* Age *35* Years Months Days

Sex *F.* Color or Race *W.* Birth-place *Scotland*

Occupation *H. W.* Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband *Harry Hitchins*

Father's Name *James Stein* Father's Birthplace *Scotland*

Mother's Maiden Name *Catherine Stein* Mother's Birthplace *Scotland*

Name of person giving information *Mrs W. J. Fargue* How related to deceased *Sister-in-law.*

CAUSES OF DEATH

138

PHYSICIAN
OR CORONER

Primary *Puerperal Eclampsia* How long *10 hours*

Immediate

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *Dr. W. M. Lane*

Address *Frederick Md*

Accident or Suicide? ☒

Alleghany Co

Jacob Hager

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Robert Ray Hohlitzel*

Town *Frostburg* County *Allegany* MARYLAND

Died at *Frostburg*

Date of death 190 *1* Jan *29* Age *26* Months *6* Days *—*

Sex *Male* Color or Race *White* Birth-place *Frostburg*

Occupation *none* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *John Hohlitzel* Father's Birthplace *Frostburg Md*

Mother's Maiden Name *Margaret O. Shaver* Mother's Birthplace *Cekhart Dist*

Name of person giving information *Christopher Hohlitzel* How related to deceased *Brother*

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary *Pulmonary Tuberculosis* How long *12 years*

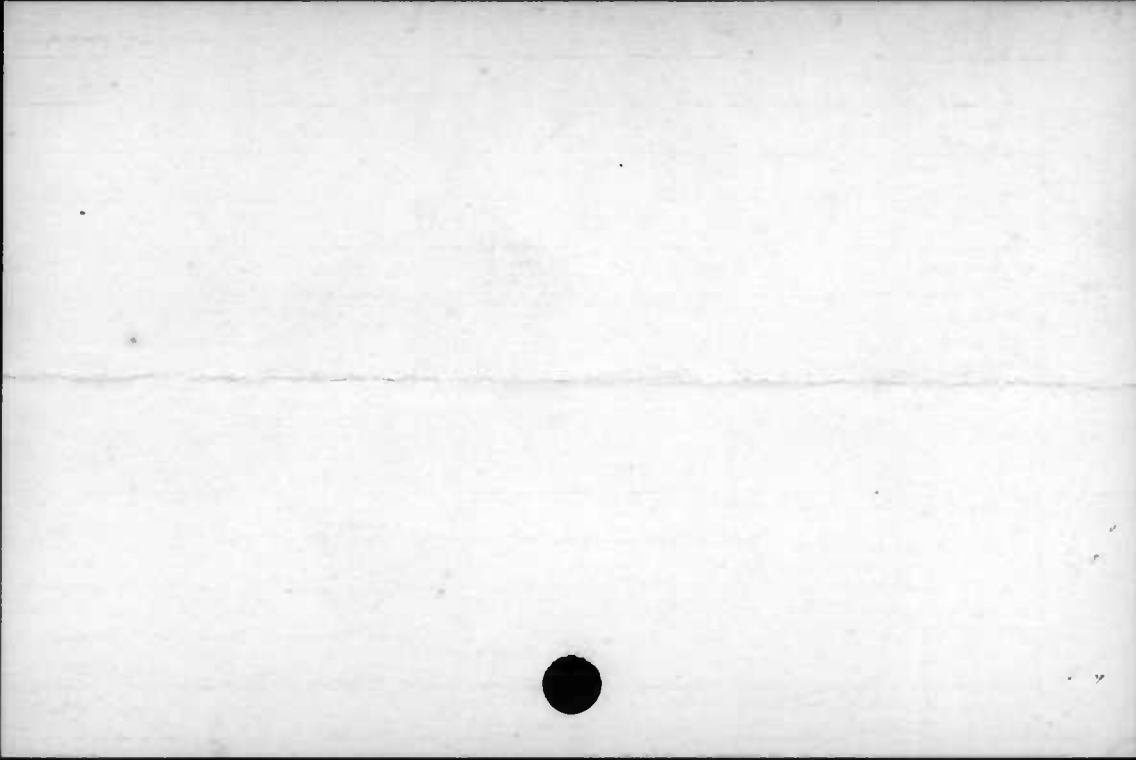
Immediate *Cardiac failure* How long *short time*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. Oberberg*

Address *Frostburg Md*

Accident or Suicide? *No*



Name
in
Full

CERTIFICATE OF DEATH

Othel Wayz Holler

Town

County

MARYLAND

Died at

L. Cumberland

Allegheny

Date

1908

Month

January

Day

27

Age

Years

7

Months

9

Days

-

Sex

Female

Color or
Race

White

Birth-
place

Cumberland

Occupation

none

Where Residing if not
at place of death

-

Married, Single
or Widowed

single

Name of Wife or
Husband

-

Father's
Name

John J. Holler

Father's
Birthplace

Mazowlia W. Pa.

Mother's
Maiden Name

Mary E. Dawson

Mother's
Birthplace

Great Capon W. Pa.

Name of person giving
In formation

John J. Holler

How related
to deceased

Father

CAUSES OF DEATH

①

Primary

Typhoid fever

How long

Jan 1 to 27-08

Immediate

Cerebro spinal meningitis

How long

24 hrs.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Edw. Harris

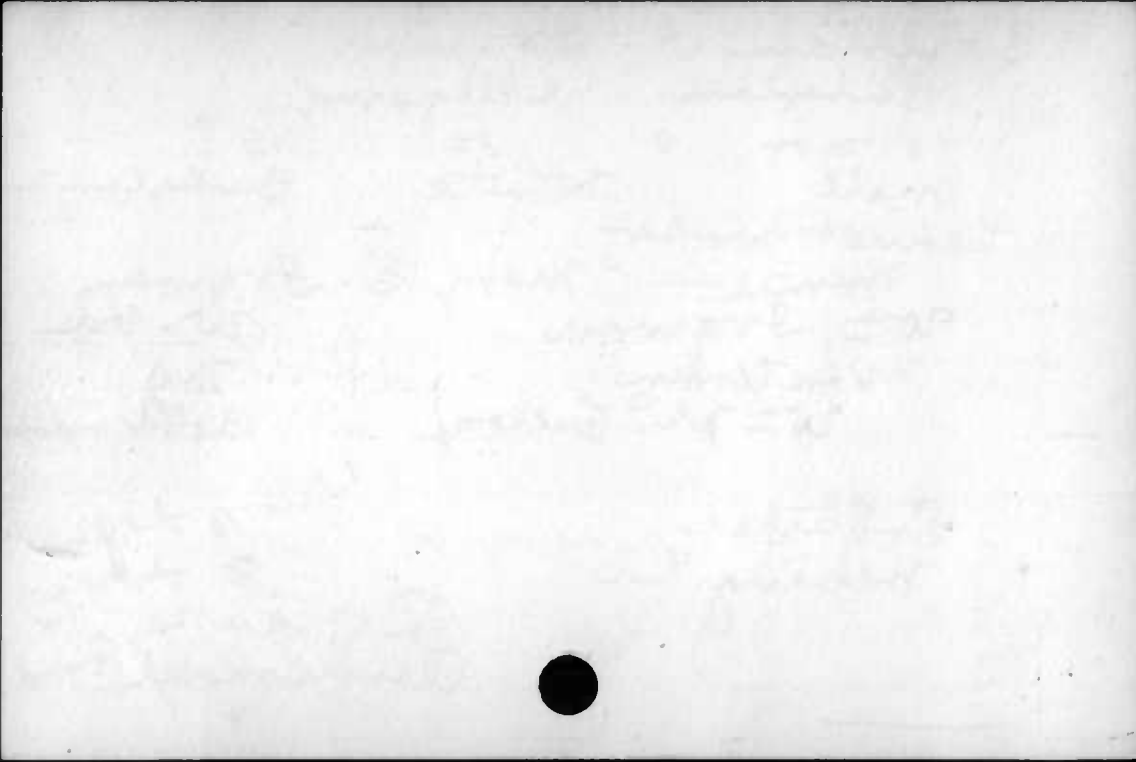
Address

Cumberland
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

①



Name
in
Full

William Innes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

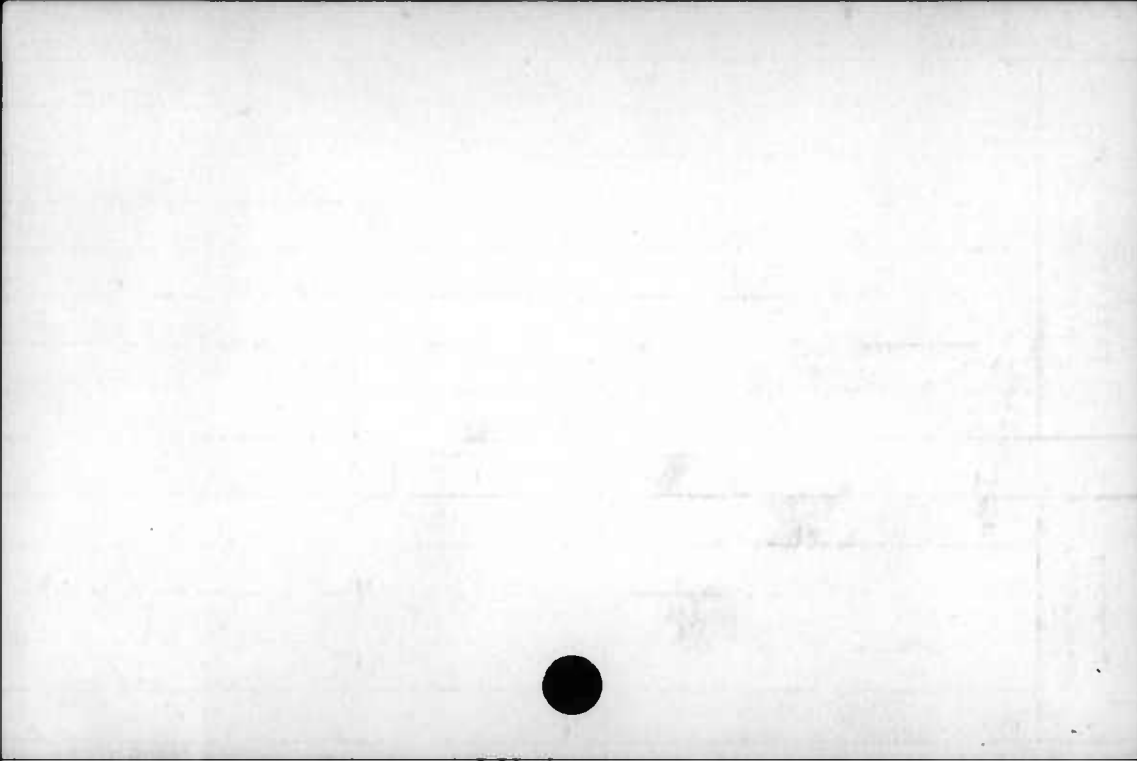
Died at <i>County Home</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death	<i>1908 Jan.</i>	Month	<i>18</i>	Day	<i>68</i>
Age	<i>68</i>	Years		Months	<i>—</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Pa.</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Not Known</i>		
Father's Name	<i>Not Known</i>		Father's Birthplace	<i>Not Known</i>	
Mother's Maiden Name	<i>Not Known</i>		Mother's Birthplace	<i>Not Known</i>	
Name of person giving information	<i>Peter Wilson</i>		How related to deceased	<i>Not at all</i>	

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>10 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Ch. F. Tierney</i>	
		Address	
		<i>Chickadee and 1</i>	
		<i>Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William A. - Irigman

Died at ^{Town} Cumberland ^{County} Allegany

State **MARYLAND**

Date of death 1908 ^{Month} Jan ^{Day} 8 Age ^{Years} 32 ^{Months} 6 ^{Days} —

Sex male Color or Race white Birth-place Cumberland Md

Occupation Cabinet maker Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife Mary E. Irigman

Father's Name Wm Irigman Father's Birthplace W. Va

Mother's Maiden Name Batenan Mother's Birthplace Md

Name of person giving information Wm M. Cullough How related to deceased Brother-in-law

CAUSES OF DEATH

18

PHYSICIAN
OR CORONER

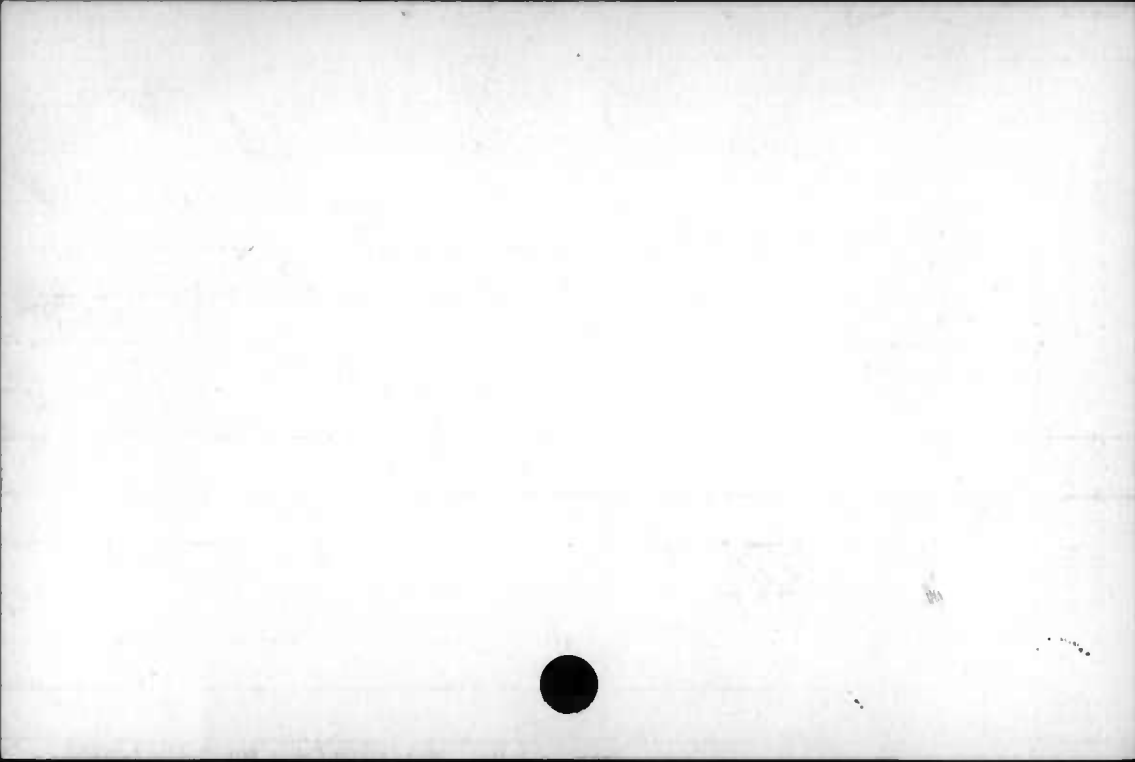
Primary Erysipelas How long 10 days

Immediate Meningitis How long 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. G. Gause Address Cumberland Md

Accident or Suicide? ☒



Name
In
Full

Sarah Jarrett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

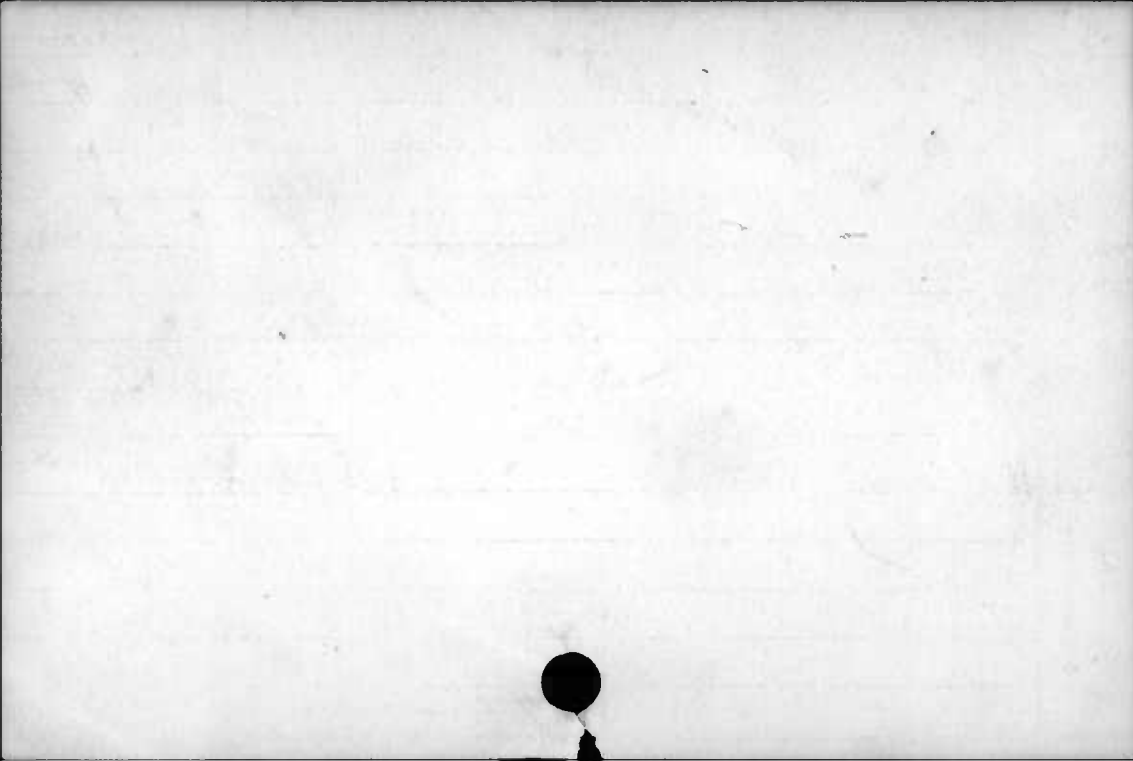
Died at		Town Frostburg		County Alligany		MARYLAND		
Date of death		1908	Month 1	Day 22	Age 88	Years 88	Months 2	Days 11
Sex M.		Color or Race W.		Birth-place Maryland.				
Occupation H. W.				Where Residing if not at place of death				
Married, Single or Widowed Single		Name of Wife Husband Jacob Jarrett						
Father's Name Beaman		Father's Birthplace Md						
Mother's Maiden Name Sarah Beaman		Mother's Birthplace Md						
Name of person giving information Emma E. Betz		How related to deceased Daughter						

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Aortic Regurgitation	How long About 15 yrs
Immediate	Bronchitis	How long 4 days
Are the name, age, sex, color, date and place correctly given above?		Yes.
Signature of Physician		Dr. W. M. Lane
Address		Frostburg Md
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

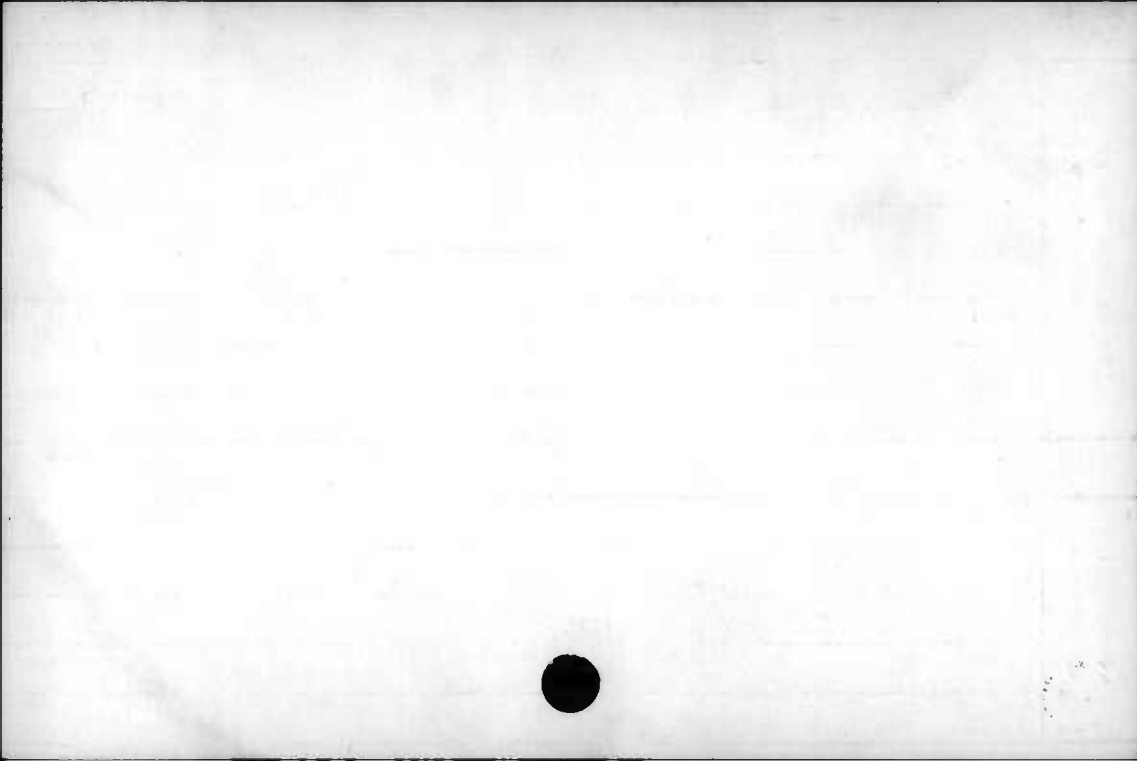
Name John F. Commercial		Town Cumberland		County Allegany		MARYLAND	
Died at		Month 1		Day 20		Age 54	
Date of death 1908		Years		Months		Days	
Sex Male		Color or Race White		Birth-place Flintston			
Occupation Capt				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Stanley Commercial		Father's Birthplace Cumberland					
Mother's Maiden Name Sarah Commercial		Mother's Birthplace Flintston					
Name of person giving Information A. H. Commercial		How related to deceased Sister					

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary Sclerosis of the Brain		How long Several months	
Immediate Exhaustion		How long Several weeks	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. Commercial	
Accident or Suicide?		Address Cumberland Md	



Name
in
Full

Charles Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

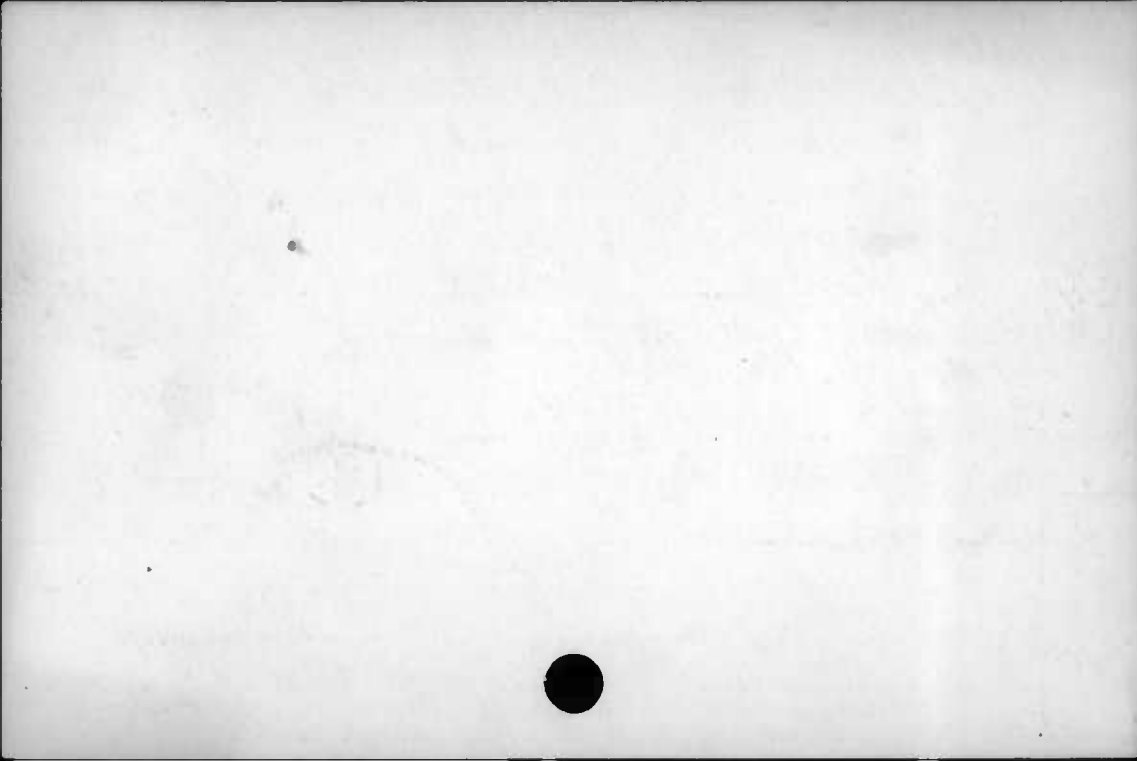
Died at <i>Frostburg</i>		County <i>Allegany</i>		MARYLAND	
Date of death	1908	Month <i>1</i>	Day <i>30</i>	Age <i>65</i>	Months <i>10</i> Days <i>3</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>U. S.</i>		
Occupation <i>Retired</i>	Where Residing if not at place of death <i>Home</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Thomas Johnson</i>	Father's Birthplace <i>U. S.</i>				
Mother's Maiden Name <i>Julia Ogles</i>	Mother's Birthplace <i>U. S.</i>				
Name of person giving information <i>Mrs Connelham</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER
1

Primary <i>Pneumonia</i>	How long <i>36 Hours</i>
Immediate <i>Cardiac Failure</i>	How long <i>36 Hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thomas M. Mandy</i>
	Address <i>Frostburg, Md.</i>
Accident or Suicide?	



Name
in
Full

Mrs Rebecca Keating

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

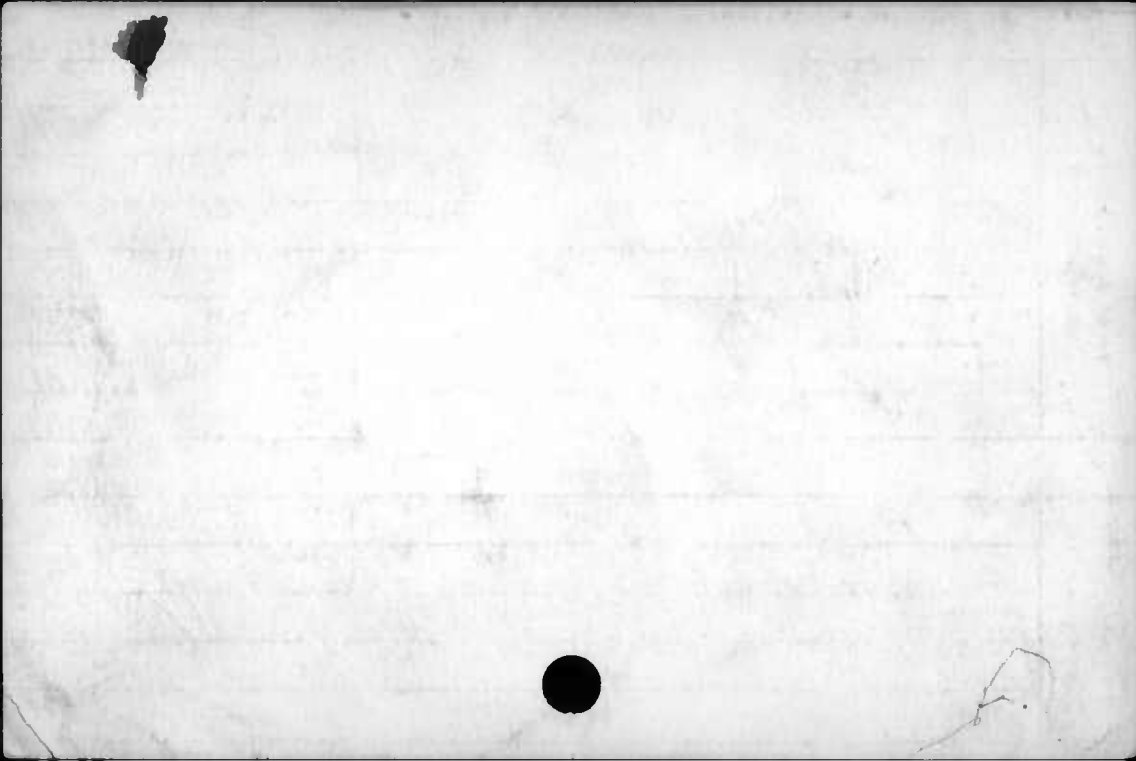
Died at Cumtland		County Allegheny		MARYLAND	
Date of death 1908	Month Jan	Day 5th	Year 4-2	Months	Days
Sex Female	Color or Race white		Birth-place Minersburg		
Occupation Housewife		Where Residing if not at place of death Cumtland			
Married, Single or Widowed Married	Name of Wife or Husband Charles Keating				
Father's Name John Hillis			Father's Birthplace Ireland		
Mother's Maiden Name Ellen Hillis			Mother's Birthplace Ireland		
Name of person giving information Edw Keating			How related to deceased Son		

CAUSES OF DEATH

45

PHYSICIAN
OR CORONER

Primary	Cancer of hip	How long	
Immediate	Cancer	How long	5 months
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Al H. Hawkins	
		Address Cumtland	
		Med	
Accident or Suicide?			



Name
in
Full

Fannie D. Keefer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

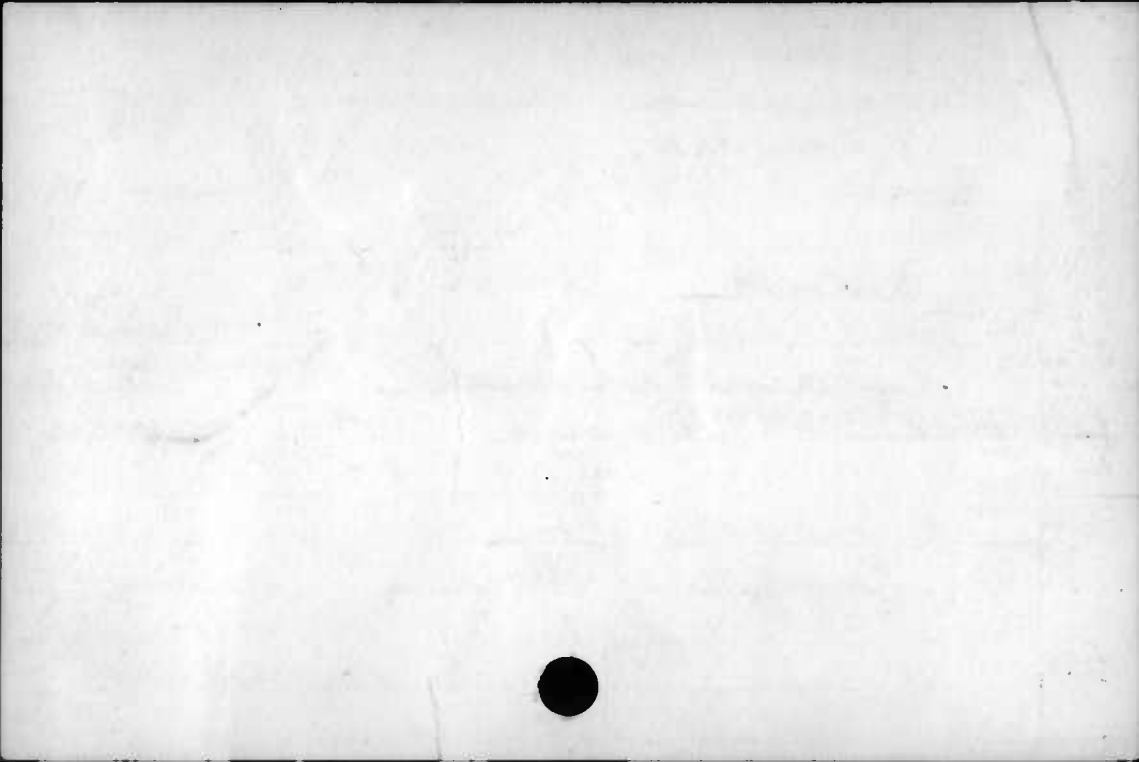
Died at <u>Cumberland</u>		County <u>Allegany</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Jan</u>	Day <u>25</u>	Years <u>47</u>	Months <u>7</u>	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Cumberland</u>		
Occupation <u>Wife</u>	Where Residing if not at place of death <u>-</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>George Keefer</u>				
Father's Name <u>Wm Shuck</u>	Father's Birthplace <u>Cumberland</u>		Mother's Birthplace <u>Alleg-Co Md</u>		
Mother's Maiden Name <u>Mary L Timkins</u>	How related to deceased <u>Husband</u>		Name of person giving information <u>George Keefer</u>		

CAUSES OF DEATH

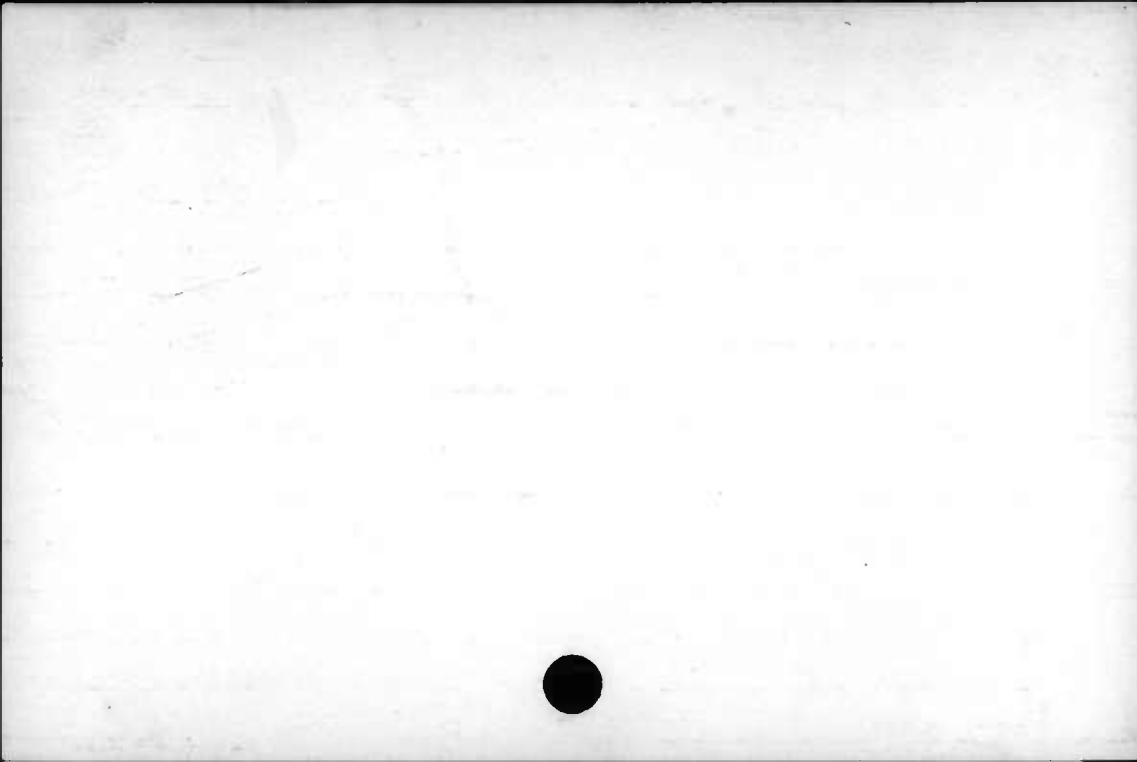
10

PHYSICIAN
OR CORONER

Primary <u>Sepsis</u>	How long <u>4 days</u>
Immediate <u>Heart Failure</u>	How long <u>12 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>L. W. Jackson</u>
<u>Steen</u>	Address <u>Cumberland Md</u>
Accident or Suicide?	



Name in Full		Tcwn				County				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND ✓		Died at		Cumberland		allghany				MARYLAND			
		Date of death		1908		January		14		Age		79	
		Sex		Female		Color or Race		White.		Birth-place		Cumberland Valley Pa.	
		Occupation		None		Where Residing if not at place of death							
		Married, Single or Widowed		Widowed		Name of Wife or Husband		Joseph. Kelley					
PHYSICIAN CORONER ()		Father's Name		John Vickerson		Father's Birthplace		Cumberland Valley Pa.					
		Mother's Maiden Name		Katherine Deffenbaugh		Mother's Birthplace		Cumberland Valley Pa.					
		Name of person giving information		Mrs. W. M. Powell		How related to deceased		Daughter					
		CAUSES OF DEATH (40)											
PHYSICIAN CORONER ()		Primary		Cancer of Stomach		How long		4 years.					
		Immediate		Rupture of Stomach		How long		4 days					
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		F. L. Bartlett					
						Address		Cumberland Ind.					
		Accident or Suicide?											



Name
in
Full

CERTIFICATE OF DEATH

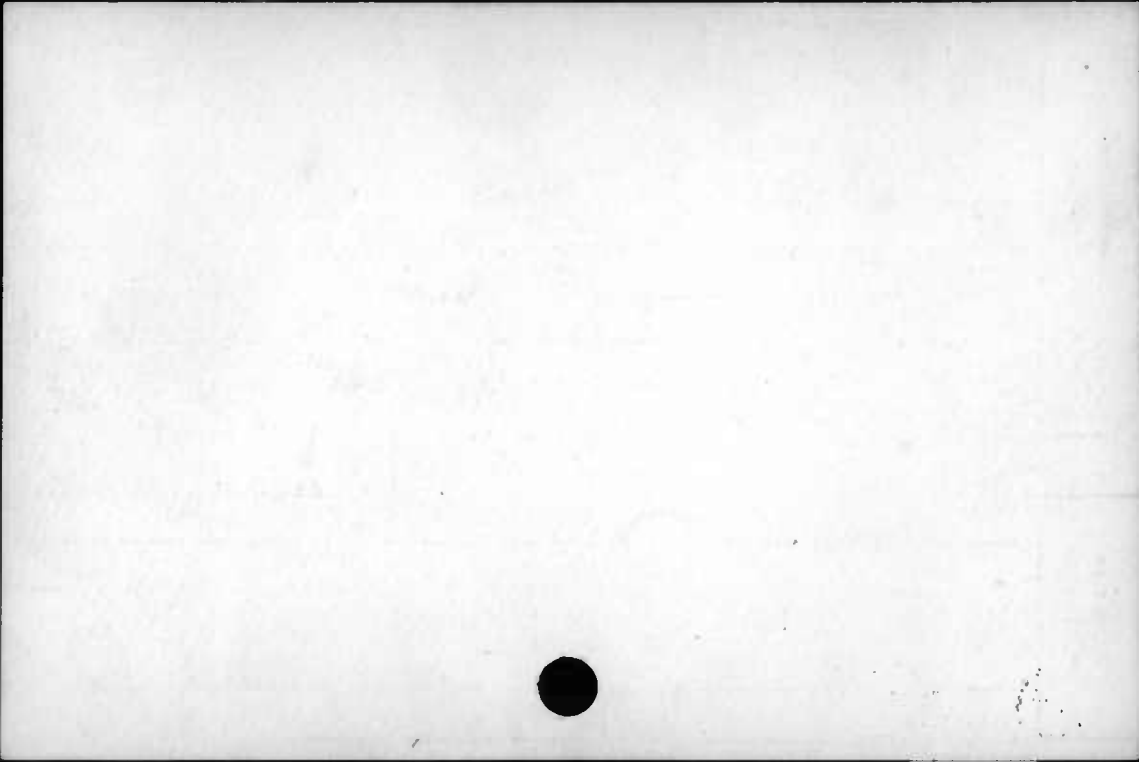
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>infant of W. M. Kelley.</i>		Town <i>Chambersburg.</i>		County <i>Allegheny</i>		MARYLAND	
Died at		Date of death <i>1908 Jan'y 18.</i>		Age <i>—</i>		Months <i>—</i> Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Chambersburg.</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>W. M. Kelley</i>		Father's Birthplace <i>Vol. Union Ind.</i>					
Mother's Maiden Name <i>Jennie Mc Mann</i>		Mother's Birthplace <i>" " Md.</i>					
Name of person giving information <i>W. M. Kelley</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Stillborn</i>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>F. L. Barboldt</i>	
<i>Stenni</i>		Address <i>Chambersburg Ind.</i>	
Accident or Suicide?			



Name
in
Full

Robert Liddy.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

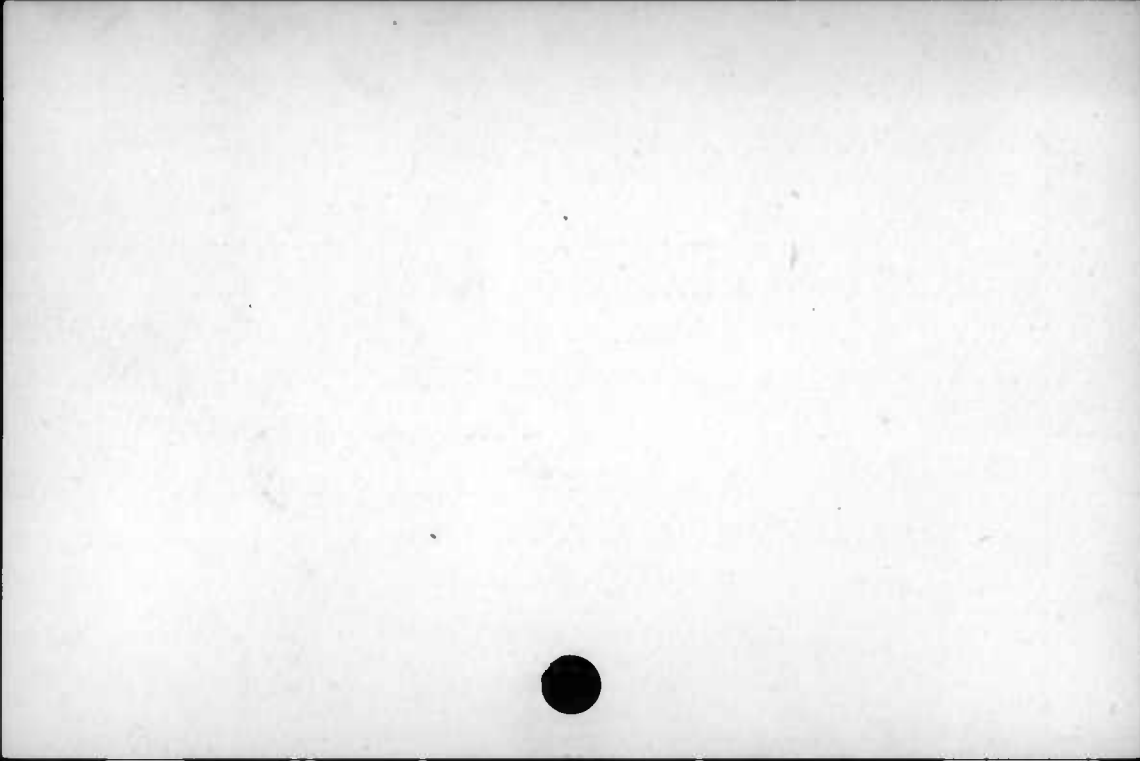
Died at <i>Lonsacring</i> Town		<i>Alligany</i> County		MARYLAND	
Date of death	1908	Month	June	Day	30
Age	47	Years		Months	16
Sex	Male	Color or Race	White	Birth-place	Scotland
Occupation	Miller	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Jan M. Liddy		
Father's Name	Robert Liddy	Father's Birthplace	Scotland		
Mother's Maiden Name	Margaret Russell	Mother's Birthplace	11		
Name of person giving information	Thomas Liddy	How related to deceased	Brother		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Chronic interstitial Nephritis	How long	One year
Immediate	Anasarca	How long	One month
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	M. B. Skilling
	Address	<i>Lonsacring</i>	
Accident or Suicide?	No		



Name
in
Full

Margarette King

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Cambridge* County *accugay* MARYLAND

Died at *Cambridge*

Date of death *1908* Month *July* Day *11* Age *64* Years Months *1* Days *-*

Sex *Female* Color or Race *White* Birth-place *Ireland*

Occupation *Wife* Where Residing if not at place of death *-*

Married, Single or Widowed *married* Name of Wife or Husband *Patrick King*

Father's Name *James Kearney* Father's Birthplace *Ireland*

Mother's Maiden Name *Winnie Schocker* Mother's Birthplace *Ireland*

Name of person giving information *Patrick King* How related to deceased *Husband*

CAUSES OF DEATH

82

PHYSICIAN
OR CORONER

Primary *Cerebral Embolism* How long *6 months*

Immediate *Cerebral Siphon* How long *5 months*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Chas. E. Blevins* Address *Cambridge Md*

Stain

Accident or Suicide?

1

8 June

3 days

Name
in
Full

Mary Klepstein

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

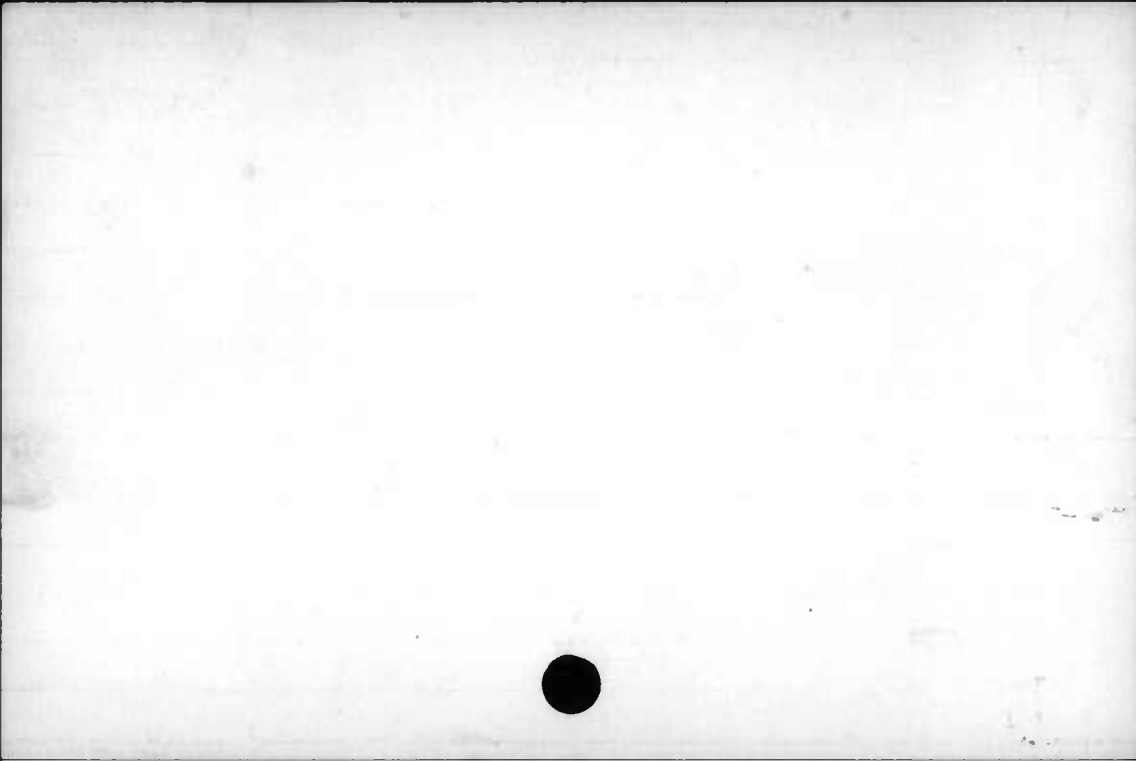
Died at		Town Barton		County Allegheny		MARYLAND	
Date of death		1908	Month Jan	Day 25	Age Years	Months	Days 5
Sex Female		Color or Race white		Birth- place Barton Md			
Occupation L				Where Residing if not at place of death L			
Married, Single or Widowed L		Name of Wife or Husband L					
Father's Name Wesley Klepstein		Father's Birthplace Allegh. Co					
Mother's Maiden Name Bertha Crawford		Mother's Birthplace Allegh. Co					
Name of person giving information Bertha Klepstein		How related to deceased Mother					

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	How long
Immediate Fainting & Convulsion	How long 4 days
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician S. A. Boncher
	Address Barton Md
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mr. David Joseph* Town *Longarming* County *Allegheny* MARYLAND

Died at *Longarming Allegheny*

Date of death *1908* Month *Jun* Day *22* Age *59* Years Months Days

Sex *Female* Color or Race *White* Birth place *Mont Alto Pa*

Occupation *Housewife* Where Residing if not at place of death *Mont Alto Pa*

Married, Single or Widowed *Married* Name of *David Joseph* Husband

Father's Name *John Joseph* Father's Birthplace *Chambersburg Pa*

Mother's Maiden Name *Mary Sherry* Mother's Birthplace *Smithsburg Md*

Name of person giving information *David Joseph* How related to deceased *Husband*

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

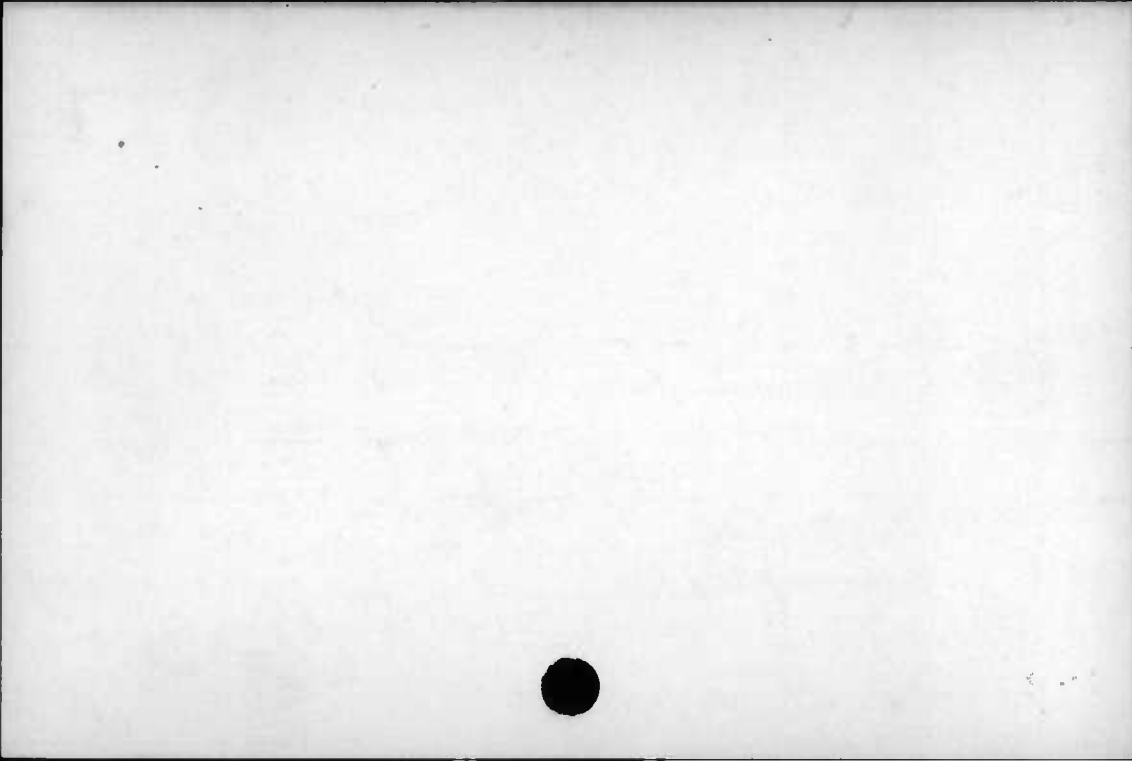
Primary *Carcinoma of Stomach* How long *Six months*

Immediate *hemorrhage* How long *One month*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. B. Skilling* Address *Longarming*

Accident or Suicide? *No*



Name
in
Full

Michael Kobosky.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

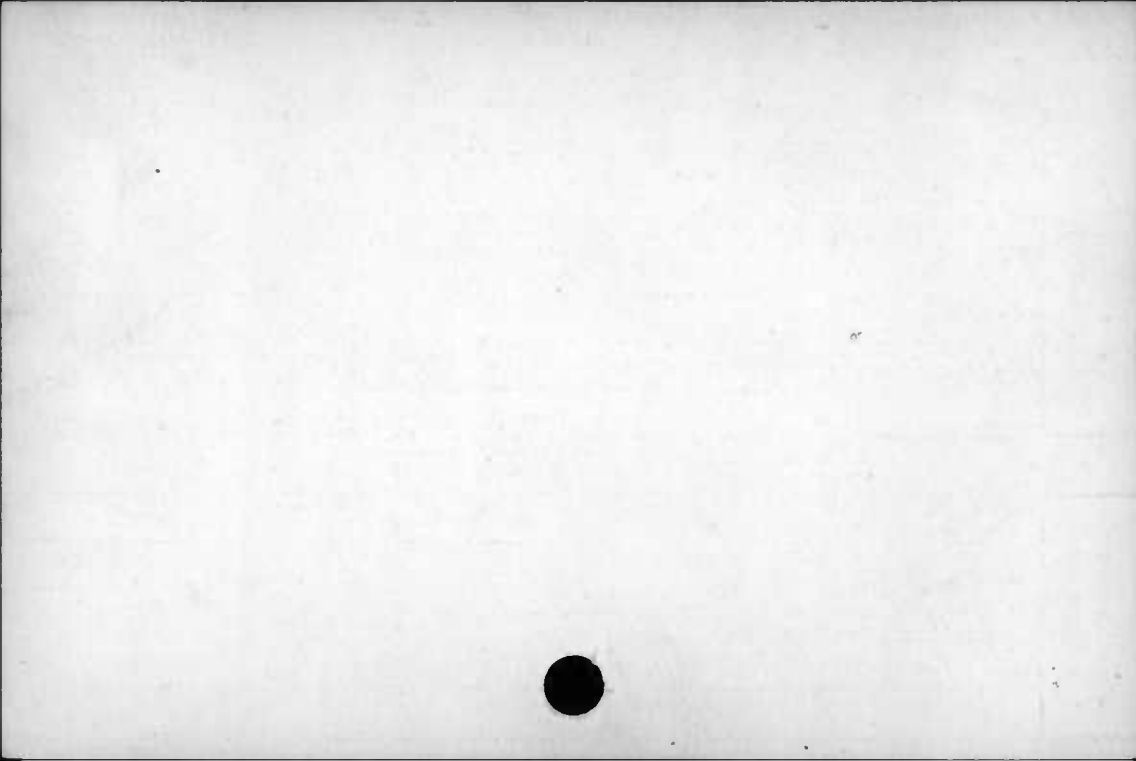
Died at <i>Cumtā</i> Town		County <i>Allegheny</i>				
Date of death <i>1908</i>	Month <i>Jan</i>	Day <i>24</i>	Age <i>2</i>	Years <i>2</i>	Months <i>#</i>	Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Cumtā</i>			
Occupation <i>none</i>			Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>				
Father's Name <i>Louis A. Kobosky</i>		Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Bessie Korns.</i>		Mother's Birthplace <i>Cumtā</i>				
Name of person giving information <i>Louis a Kobosky</i>		How related to deceased <i>Father</i>				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Gastro Enteritis</i>	How long <i>One day</i>
Immediate <i>Eclampsia</i>	How long <i>10 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. W. Fochman</i>
<i>1</i> <i>Stear</i>	Address <i>Cumtā</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Margaret Kutchervilli

Town

County

MARYLAND

Died at

Cumulus alleg.

Date

Month

Day

Years

Months

Days

of death

1908

Jan

15

Age

48

Sex

Female

Color or
Race

White

Birth-
place

Ind

Occupation

Housewife

Where Residing if not
at place of death

Below So. Cumul.

Married, Single
or Widowed

Married

Name of Wife or
Husband

John Kutchervilli

Father's
Name

Unknown

Father's
Birthplace

Don't know

Mother's
Maiden Name

"

Mother's
Birthplace

" "

Name of person giving
In formation

Jennie Goff

How related
to deceased

None

CAUSES OF DEATH

69

Primary

Epileptic Convulsion

How long

Several yrs

Immediate

Exhaustion

How long

Weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

M. J. Dugg

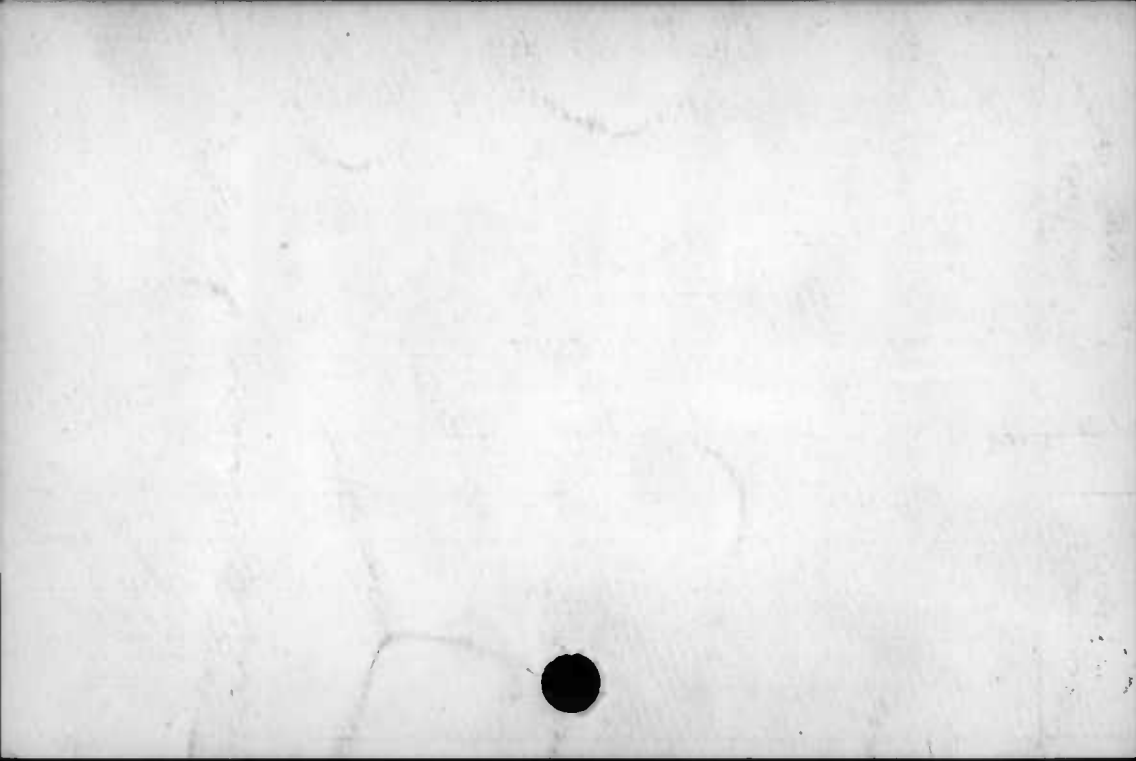
Address

Cumulus Ind

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

John T Leary

Town

County

MARYLAND

Died at *Cumberland*

Allegheny

Date of death *1908*

Month

January

Day

17

Age

Years

67

Months

Days

Sex

Male

Color or
Race

White

Birth
place

Washington Co Md

Occupation

Laborer

Where Residing if not
at place of death

-

Married, Single
or Widowed

Married

Name of Wife or
Husband

Isabelle

Father's
Name

Do not know

Father's
Birthplace

Do not know

Mother's
Maiden Name

Do not know

Mother's
Birthplace

" "

Name of person giving
Information

Jessie V Bishop

How related
to deceased

Daughter

CAUSES OF DEATH

40

Primary

Cancer of Liver

How long

Several years

Immediate

Gastritis

How long

1 week -

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

F. L. Barb doll

Address

*Charlestown
Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Penna Ave. & 3rd.

Name

In
Full

CERTIFICATE OF DEATH

Ella May Lee

Town

County

Died at

Cumberland

Alleghany

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1908 Jan

18

Age

17

Sex

Female

Color or
Race

Colored

Birth-
place

Virginia

Occupation

Domestic

Where Residing if not
at place of death

-

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

James Lee

Father's
Birthplace

Mississippi

Mother's
Maiden Name

Rose M. Roy

Mother's
Birthplace

Mississippi

Name of person giving
Information

Gas Lee

How related
to deceased

Father

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

Some months

Immediate

Exhaustion

How long

Several weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

A. J. Dure

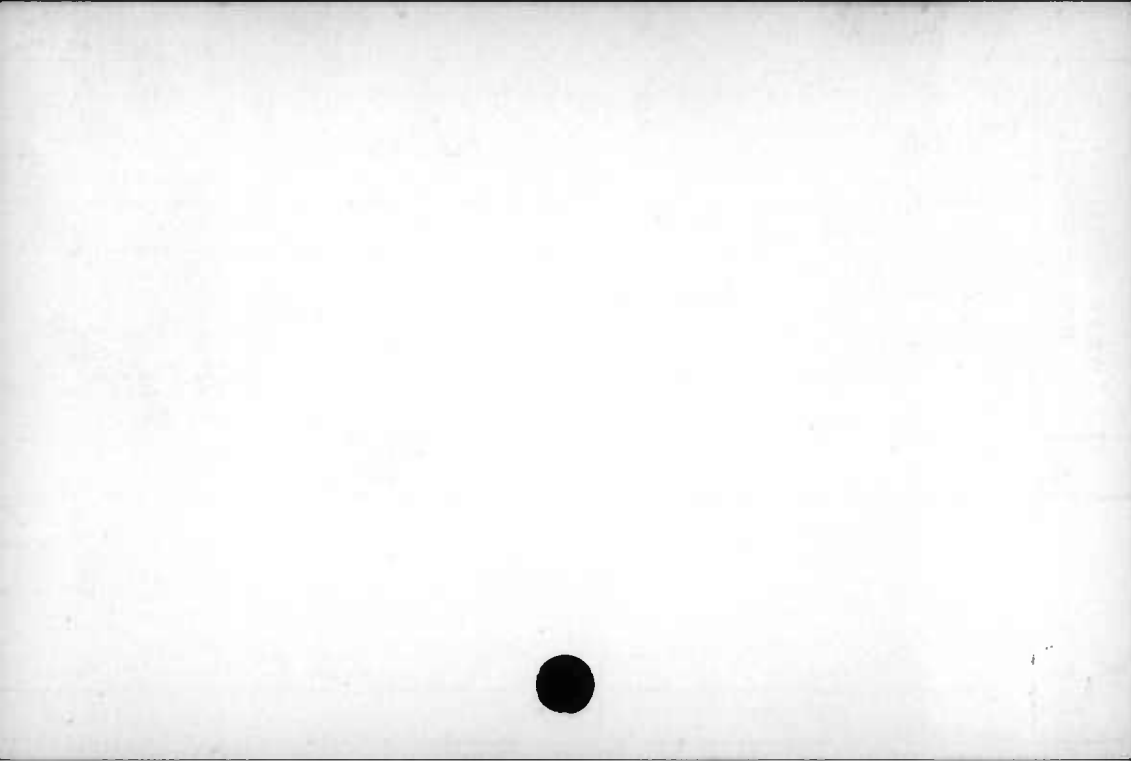
Address

Cumberland Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1



Name
in
Full

Frank Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

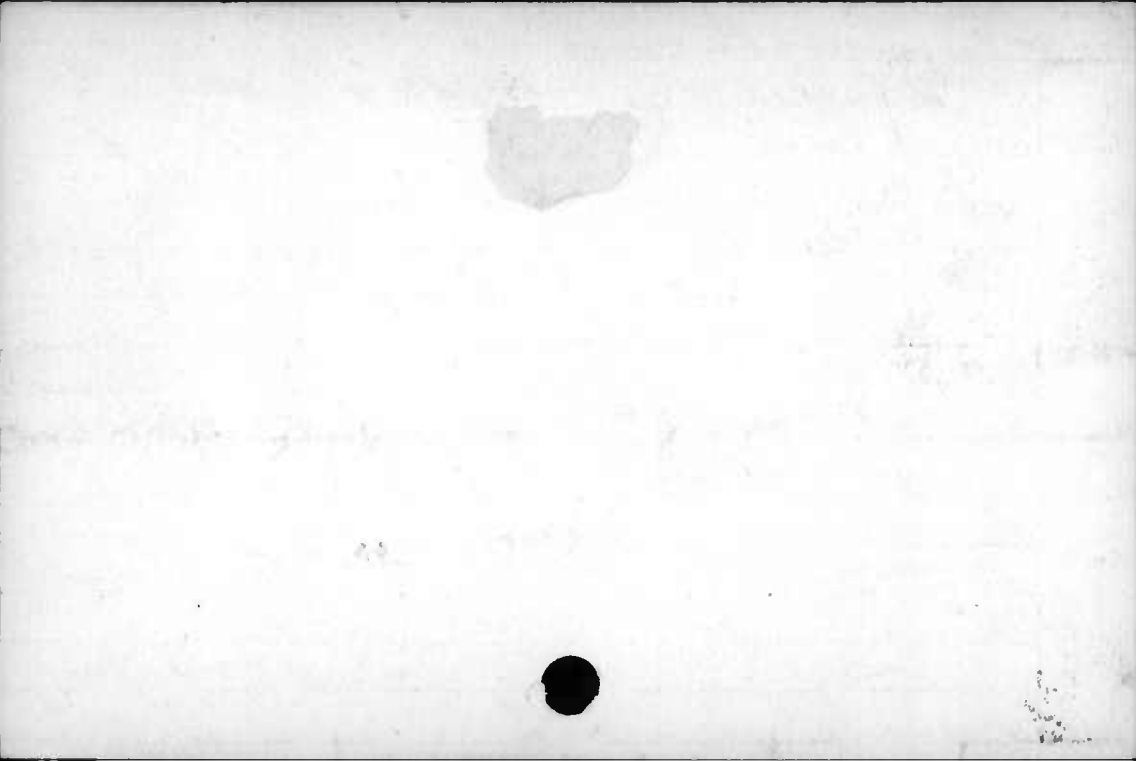
Died at <i>Elkhart Mines</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>Jan.</i>	Day <i>1st</i>	Age	Years <i>20</i>	Months <i>10</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Elkhart Mines</i>		
Occupation <i>X</i>	<i>X</i>	<i>X</i>	Where Residing if not at place of death <i>X X X</i>		
Married, Single or Widowed <i>X X</i>	Name of Wife or Husband <i>X X X</i>				
Father's Name <i>Samuel Thomas Lewis</i>	Father's Birthplace <i>Proctorburg Ind.</i>				
Mother's Maiden Name <i>Aunice Bernard</i>	Mother's Birthplace <i>Elkhart Ind.</i>				
Name of person giving information <i>Sam. J. Lewis</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>18 days</i>
Immediate <i>Asthma</i>	How long <i>X X</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Ben. C. Cunniff</i>
	Address <i>Elkhart Mines Ind.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Margrith Lewis</i>		Town <i>Throstbury</i>		County <i>Alley</i>		MARYLAND	
Died at		Month <i>January</i>		Day <i>2</i>		Years <i>54</i>	
Date of death <i>1908</i>		Month <i>January</i>		Day <i>2</i>		Years <i>54</i>	
Sex <i>F</i>		Color or Race <i>White</i>		Birth-place <i>Pa</i>		Months <i>4</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>		Days <i>7</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Geo. F. Lewis</i>					
Father's Name <i>John B. Thomas</i>		Father's Birthplace <i>Wales</i>					
Mother's Maiden Name <i>Sarah Levellum</i>		Mother's Birthplace <i>Wales</i>					
Name of person giving information <i>John F. Lewis</i>		How related deceased <i>Brother</i>					
CAUSES OF DEATH							

64

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

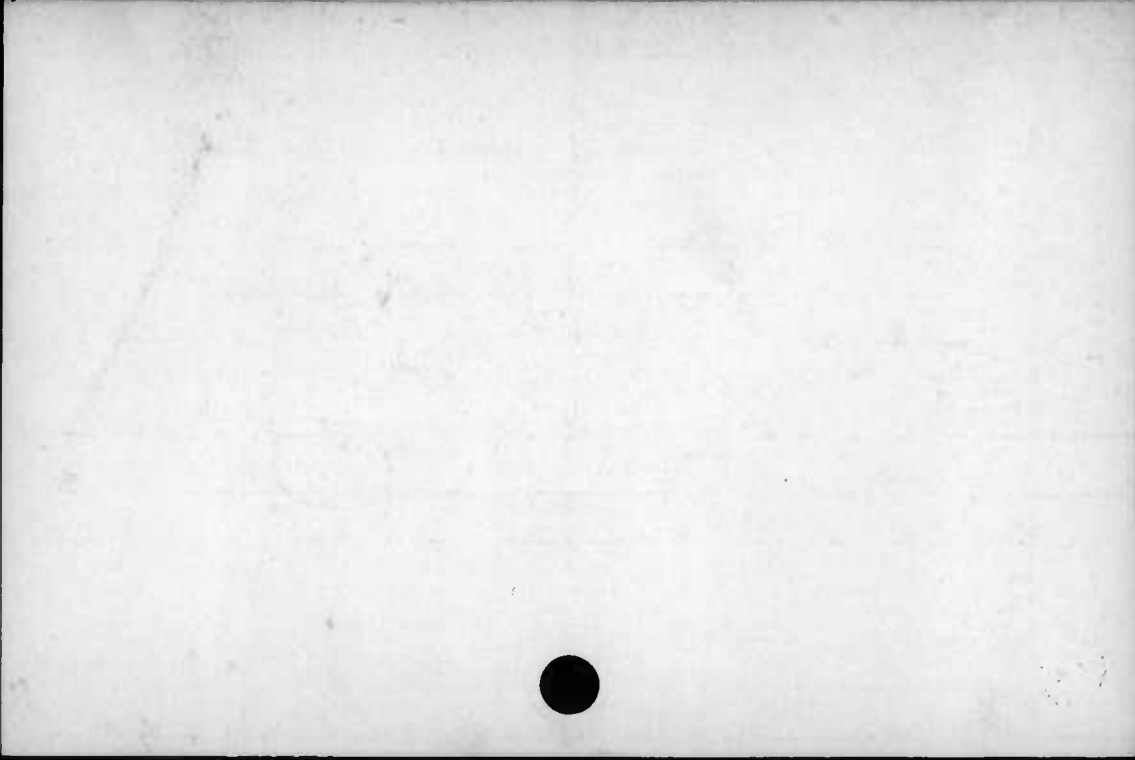
Yes

Signature of Physician

Address

*J. G. G. G.**Throstbury Inc*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		Jan	21	77	5	7	
Sex	Male		Color or Race	White		Birth-place	Loar town Md
Occupation	Farmer			Where Residing if not at place of death On farm near Vale Summit			
Married, Single or Widowed	Single			Name of Wife or Husband Margaret Loar			
Father's Name	Jacob Loar			Father's Birthplace Unknown			
Mother's Maiden Name	Mary Winters			Mother's Birthplace Unknown			
Name of person giving information	J. Henry Loar			How related to deceased adopted son			

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	General Senility	How long	Two years
Immediate	Paralysis Cereb	How long	4 wks
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Jas C. Holdsworth	
Address		Eckhart Mine Md	
Accident or Suicide?			

Vale Summit
Hager.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

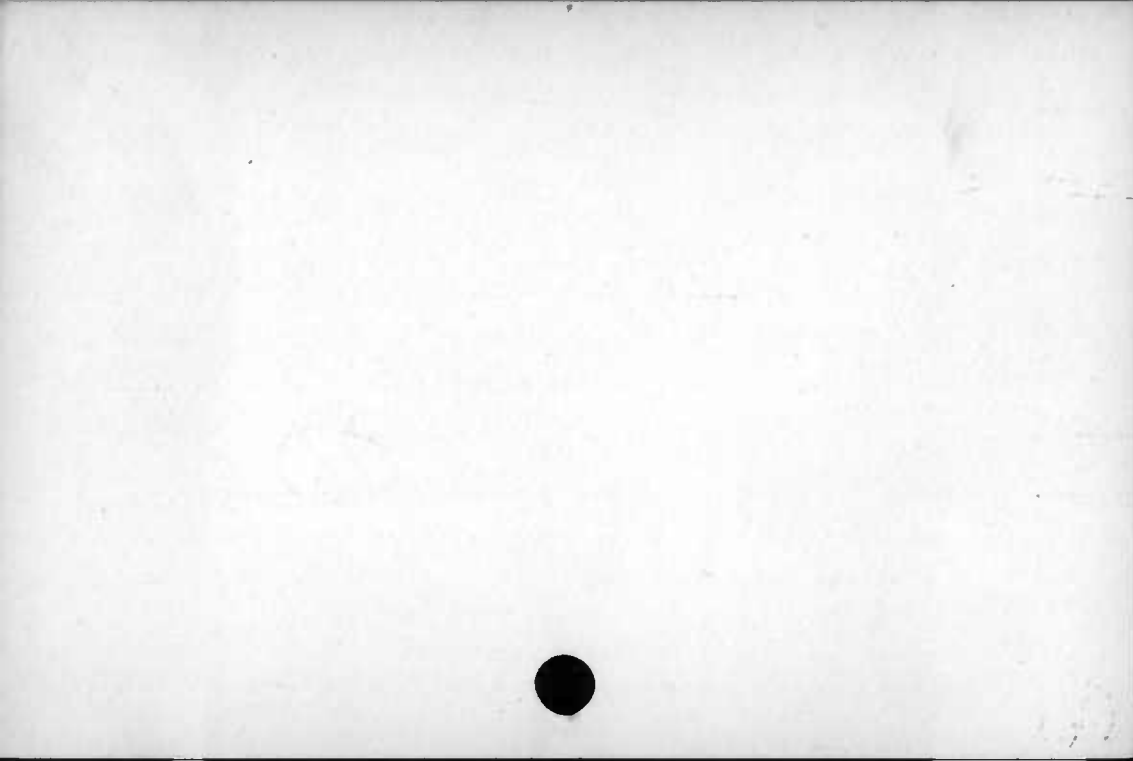
Died at <i>Infant Fogsdon -</i>		Town <i>Smaconey</i>		County <i>Allegheny</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>Jan</i>	Day <i>29</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Smaconey</i>				
Occupation <i>none</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>Stanley Fogsdon</i>	Father's Birthplace <i>Cumberland</i>						
Mother's Maiden Name <i>Margaret Helmstetter</i>	Mother's Birthplace <i>Cumberland</i>						
Name of person giving information <i>Stanley Fogsdon</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

151

PHYSICIAN
CORONER

Primary <i>Prematurity - (6 months)</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James C. Bulluck M.D.</i>
	Address <i>Smaconey</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

B. H. Lyons

CERTIFICATE OF DEATH

Died at *Erwins Creek*

Town

Allegheny

County

MARYLAND

Date of death *1908*

Month

July

Day

2

Age

Years

42

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*W. Va.*

Occupation

*Farmer*Where Residing if not
at place of death*-*Married, Single
or Widowed*married*Name of Wife or
Husband*Mary E. Lyons*Father's
Name*Amos H. Lyons*Father's
Birthplace*Ohio*Mother's
Maiden Name*Ellen Largent*Mother's
Birthplace*W. Va.*Name of person giving
information*Amos Lashley*How related
to deceased*Father in Law*

CAUSES OF DEATH

Primary

Typhoid Fever

How long

6 weeks

Immediate

"Heart failure"

How long

*Suddenly (Coma)*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*W. F. Davis*

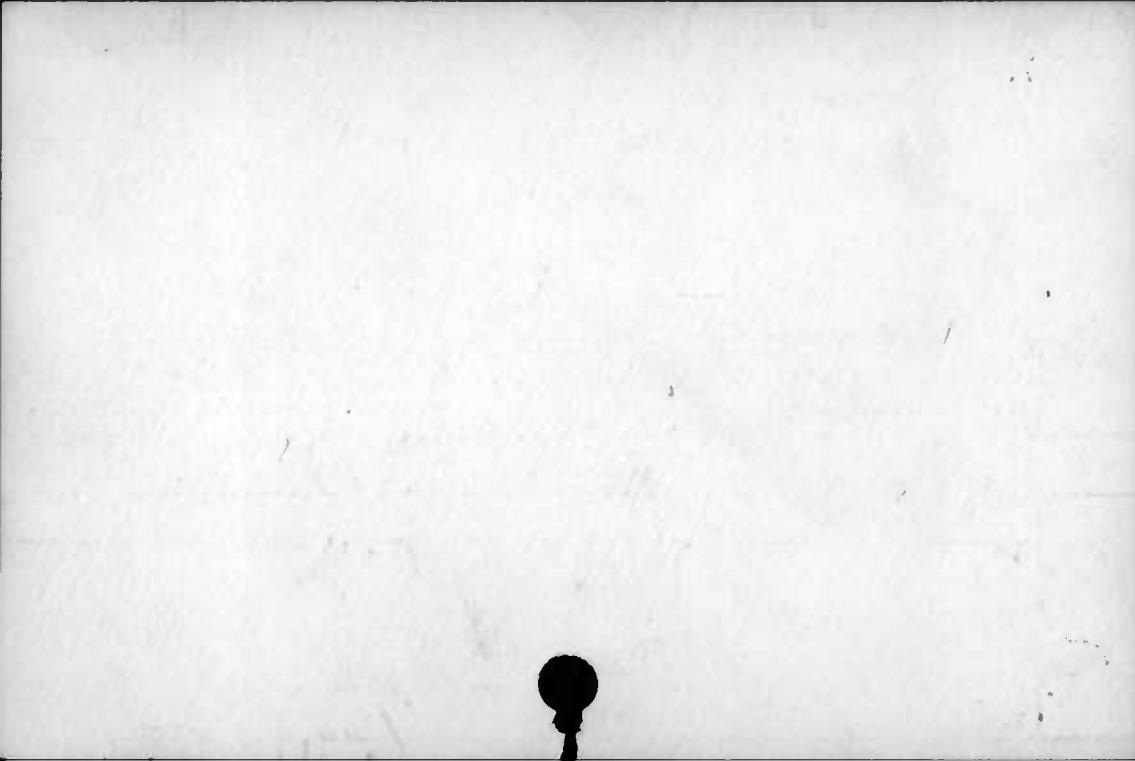
Address

*Allegheny Co
Dr. J. Ma*

Accident or Suicide?

*Stem*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1



Name
in
Full

Mary Edizabek McCanley.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

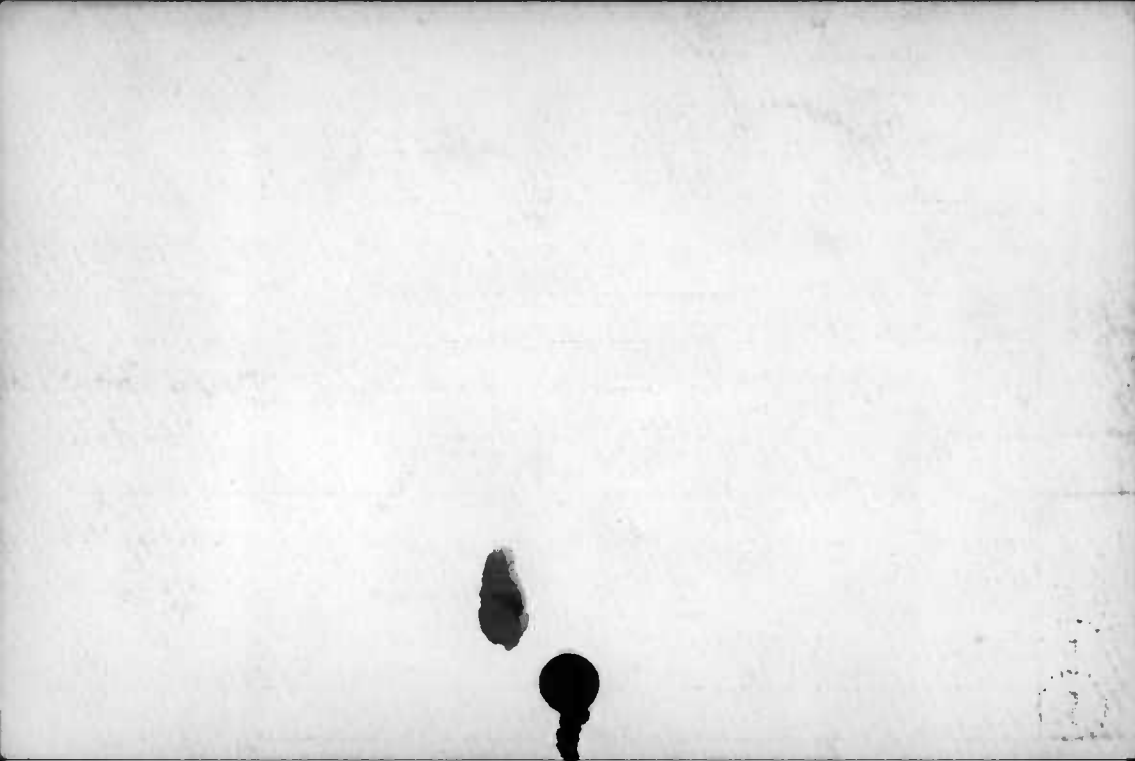
Town County
Died at *Cambridge* *Allegheny*
Date of death *1908* Month *Jan* Day *12* Age *38* Years Months *5* Days
Sex *Female* Color or Race *White* Birth-place *Mt Savage Md*
Occupation *Wife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *L. D. McCanley.*
Father's Name *George Thomas Walen* Father's Birthplace *Ireland*
Mother's Maiden Name *Jane Dave* Mother's Birthplace *Enniskillen*
Name of person giving information *L. D. McCanley* How related to deceased *Widow*

CAUSES OF DEATH

42

Primary *Carcinoma uteri* How long *2 yrs.*
Immediate *Exhaustion* How long *10 hrs.*
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *A. D. L. L. L.*
Steen Address *700 Clarksburg*
Accident or Suicide? *—*



Name
in
Full

Margaret McIntyre Mc Kee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Lonaconing*

Town

Allegheny

County

Date

of death *1908*

Month

Jan

Day

2

Age

Years

36

Months

2

Days

*1*Sex *Female*Color or
Race*white*Birth-
place*Lonaconing*

Occupation

*Housewife*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Harry McKee*Father's
Name*David Mc Intyre*Father's
Birthplace*Scotland*Mother's
Maiden Name*Elizabeth Hartley*Mother's
Birthplace*Scotland*Name of person giving
In formation*Mrs. Frank Nichols*How related
to deceased*Sister-in-law*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

3 years.

Immediate

General exhaustion

How long

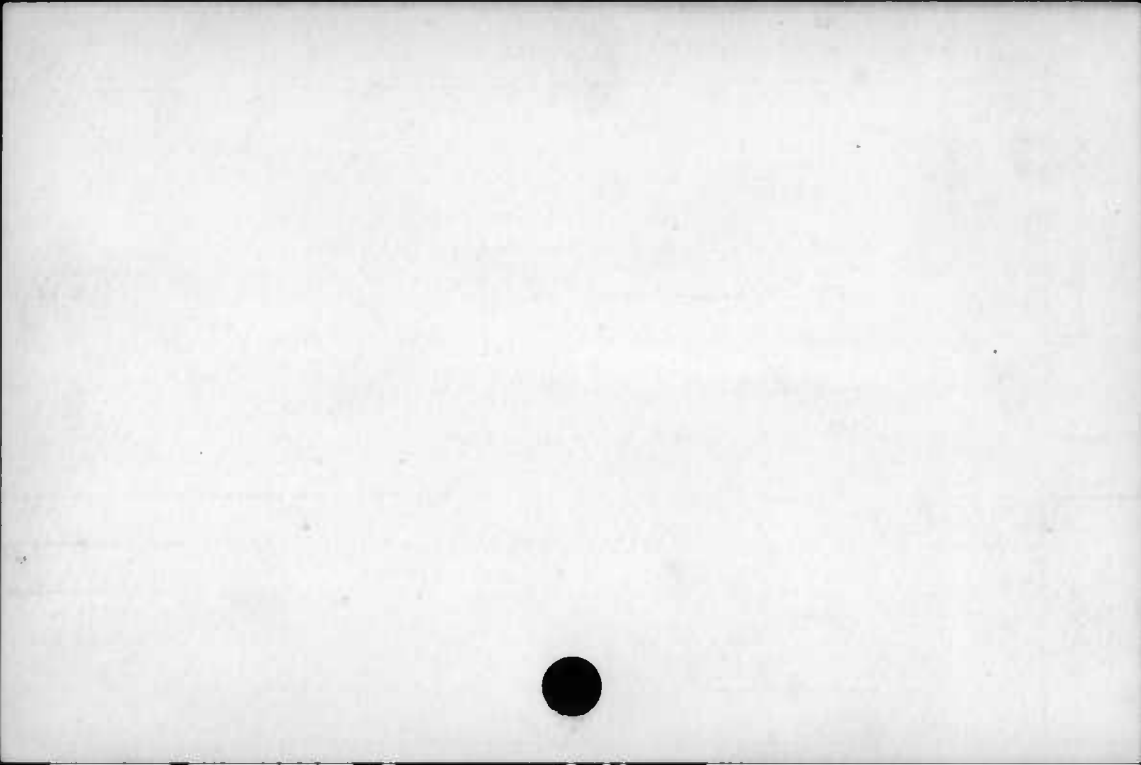
*10 days.*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Harry M. Hodgson*

Address

*Lonaconing**Maryland*

Accident or Suicide?

No



Name
in
Full

CERTIFICATE OF DEATH

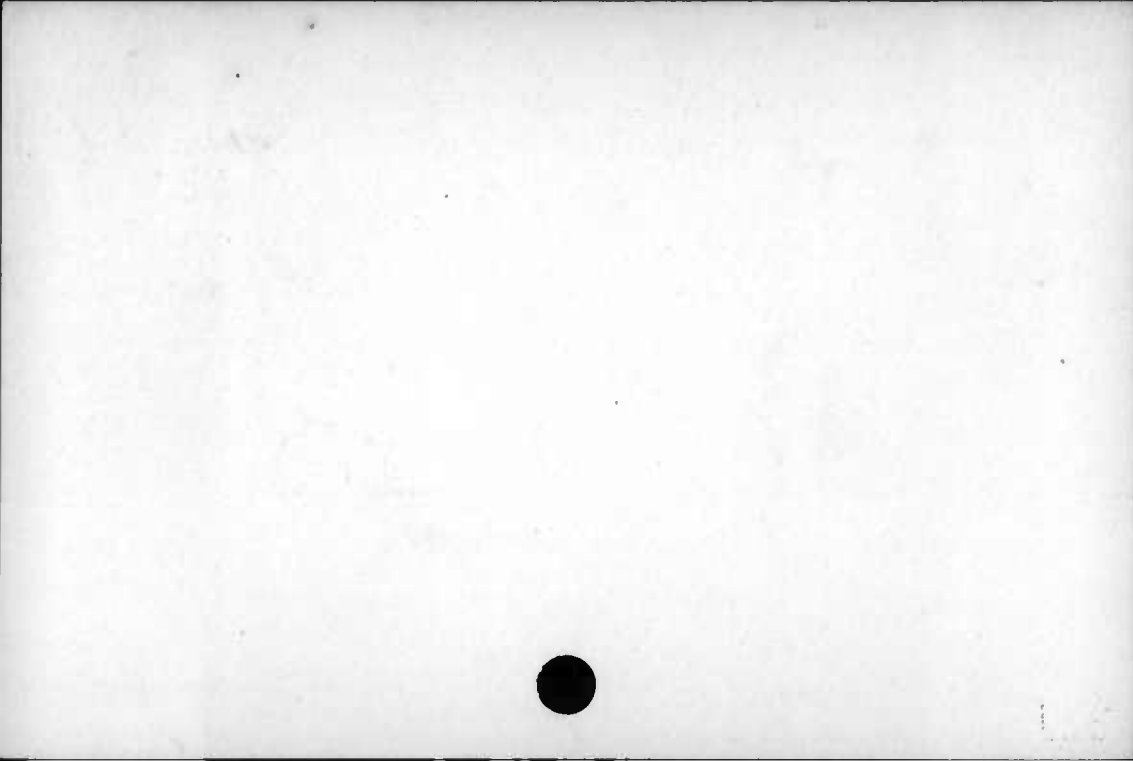
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Hugh R. McGinn</i>		Town <i>Gilmore</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Gilmore</i>		Date of death <i>1908 Jan 17</i>		Age <i>45</i>		Months <i>5</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Scotland</i>			
Occupation <i>Miner</i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Anna Jaton</i>					
Father's Name <i>Patrick M. Ginn</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Christine Fumie</i>		Mother's Birthplace <i>Scotland</i>					
Name of person giving information <i>Mrs McGinn</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

90

PHYSICIAN OR CORONER ①	Primary <i>Chronic Bronchitis with dyspnoea -</i>	How long <i>3 years or more</i>
	Immediate <i>Acute Bronchitis -</i>	How long <i>1 week</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James C. Bullock M.D.</i>
		Address <i>Lawsoning St.</i>
	Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

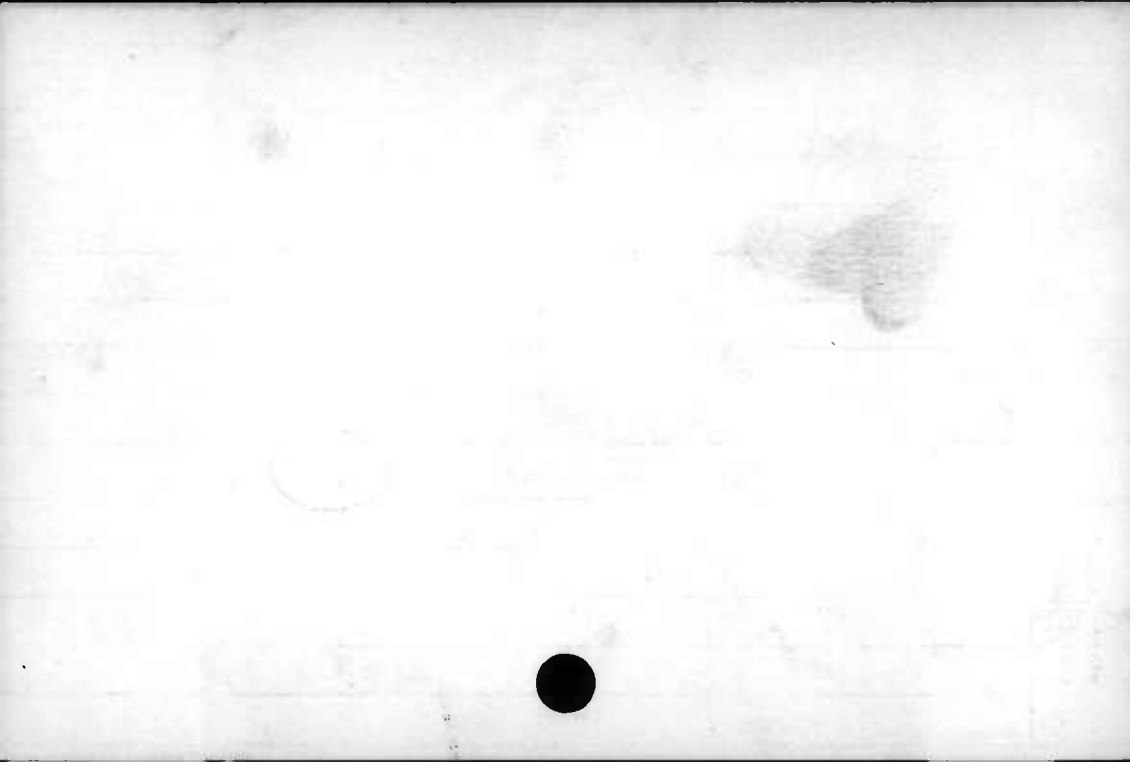
Died at <i>Barton</i>		Town		<i>Alleghany</i>		County		MARYLAND	
Date of death 190 <i>8</i>	Month <i>Jan</i>	Day <i>25th</i>	Age <i>—</i>	Years <i>—</i>	Months <i>Eight</i>	Days <i>one</i>			
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Barton, Md.</i>						
Married, Single or Widowed <i>Single</i>	Occupation <i>Infant</i>								
Name of Wife or Husband <i>—</i>									
Father's Name <i>Michael McGueeny</i>				Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Ann Footen</i>				Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Ann McGueeny</i>				How related to deceased <i>Mother</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Catarrhal Pneumonia</i>	How long
Immediate <i>"</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. M. Gann M.D.</i>
	Address <i>Barton, Md.</i>
Accident or Suicide?	



Name
in
Full

Patrick Roy Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

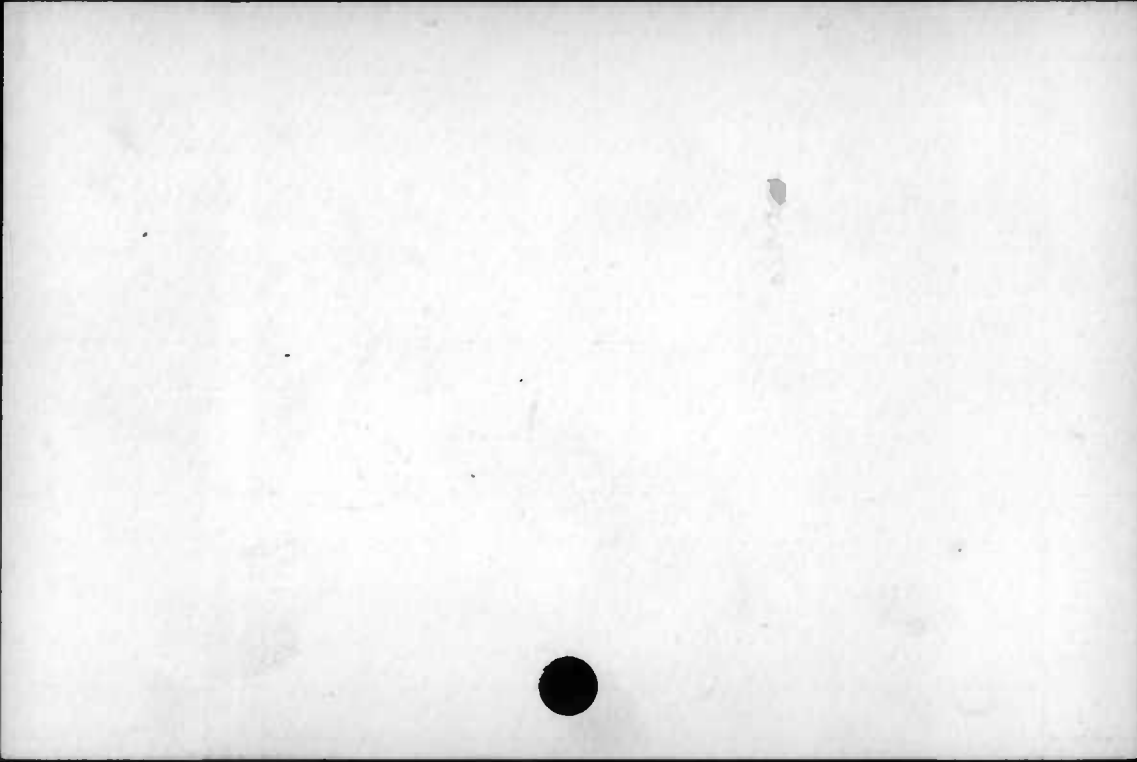
Died at <i>Pekin</i> Town		<i>Allegheny</i> County		MARYLAND			
Date of death	<i>1905</i>	Month <i>January</i>	Day <i>29</i>	Age <i>—</i>	Years <i>—</i>	Months <i>5</i>	Days <i>23</i>
Sex <i>male</i>	Color or Race <i>white</i>			Birth-place <i>Pekin</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>William F. Martin</i>				Father's Birthplace <i>Somerset</i>			
Mother's Maiden Name <i>Rose Mullen</i>				Mother's Birthplace <i>Pekin</i>			
Name of person giving information <i>Rose Mullen</i>				How related to deceased <i>mother</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Enterocolitis</i>	How long <i>14 months</i>
Immediate <i>Inanition</i>	How long <i>some time</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James O. Dulluck M.D.</i>
	Address <i>Somerset Maryland</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Infant of Walter Menbough

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Summersburg* TownCounty *Stafford*

MARYLAND

Date
of death *1908*Month *Jan*Day *17*Age *Premature Birth* YearsMonths *5*

Days

Sex *male*Color or
Race *White*Birth-
place *Summersburg*Occupation *—*Where Residing if not
at place of death *—*Married, Single
or Widowed *—*Name of Wife or
Husband *—*Father's
Name *Walter Menbough*Father's
Birthplace *MD*Mother's
Maiden Name *Mabel Bowman*Mother's
Birthplace *MD*Name of person giving
In formation *Walter Menbough*How related
to deceased *Father*

CAUSES OF DEATH

151

Primary

Premature Birth

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician *Thos. H. Toad*Address *Summersburg*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

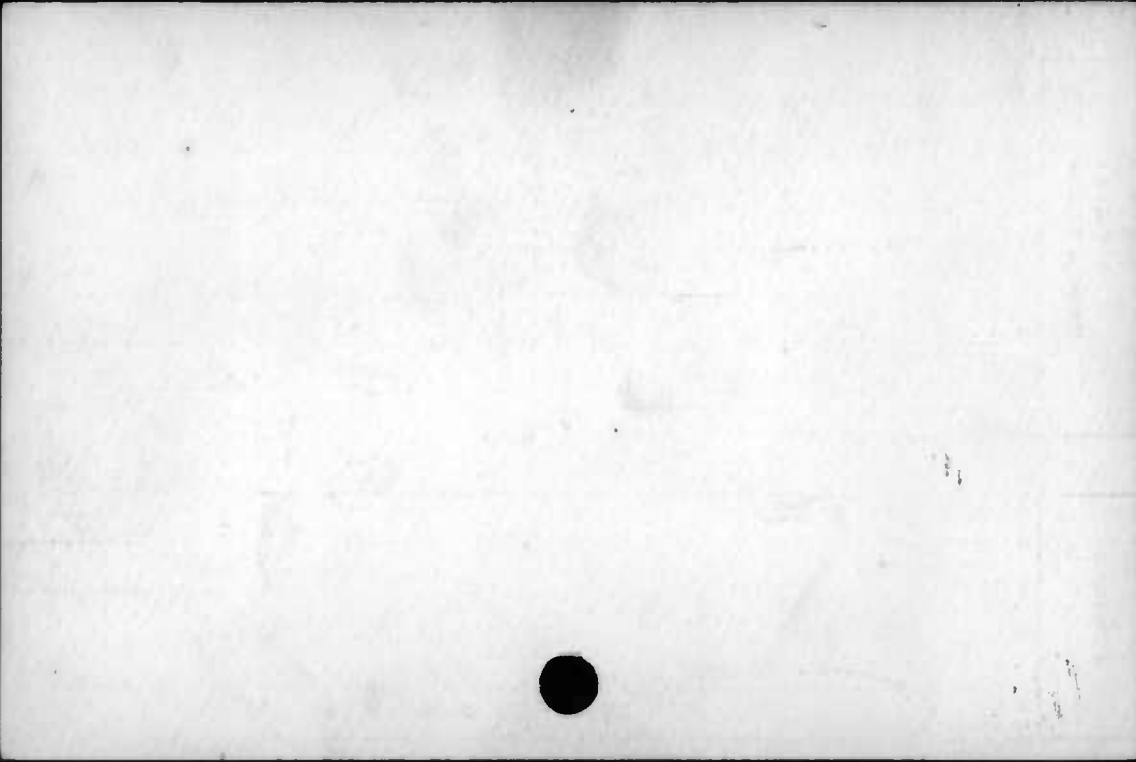
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i>		Town <i>Allegany</i>		County	
Date of death <i>1908 Jan 1</i>		Month <i>Jan</i>		Day <i>1</i>	
Age <i>—</i>		Years <i>—</i>		Months <i>—</i>	
Days <i>—</i>		Sex <i>Male</i>		Color or Race <i>White</i>	
Birth-place <i>Cumtba</i>		Occupation <i>none</i>		Where Residing if not at place of death	
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>		Father's Birthplace <i>Cumtba</i>	
Father's Name <i>Urban Miller</i>		Mother's Birthplace <i>Cumtba</i>		Mother's Maiden Name <i>Lena Reig</i>	
Name of person giving information <i>Urban Miller</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>stee Brown</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>Thos. H. Loper</i>
<i>Steen.</i>	Address <i>Cumtba</i>
Accident or Suicide?	



Name
in
Full

Mrs. Catherine Mills

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

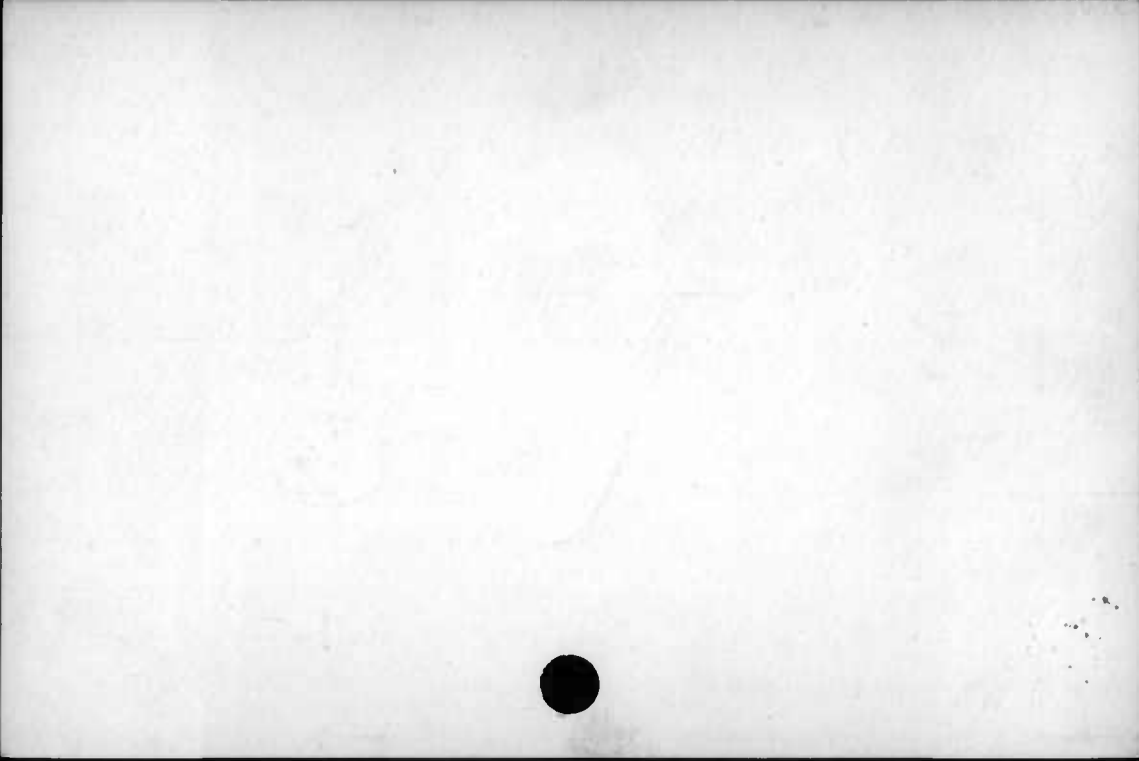
Died at <u>Lanacoring</u> ^{Town}		<u>Allegheny</u> ^{County}		MARYLAND	
Date of death	1908	Month	June	Day	1
Age	63	Years		Months	
Sex	Female	Color or Race	White	Birth-place	Mount Savage Md
Occupation	Housewife				
Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Husband	Joseph Mills Sr.		
Father's Name	Francis	Draper	Father's Birthplace	Mt Savage	
Mother's Maiden Name	Mollie	Ways	Mother's Birthplace	Mt Savage	
Name of person giving information	Oscar Mills	How related to deceased	Son		

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Chronic Rheumatism	How long	Some months
Immediate	Apoplexy	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. D. Skilling
		Address	Lanacoring
Accident or Suicide?	No.		



Name
in
Full

CERTIFICATE OF DEATH

Laura Montgomery

Town

County

Died at

Cunda

Allegh.

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1908 Jan.

27.

Age

48

Sex

Occupation

Color or
Race

White.

Birth-
place

Pa.

Housewife.

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Joseph Montgomery.

Father's
Name

Mr. Sunderland

Father's
Birthplace

Don't know.

Mother's
Maiden Name

Do not know

Mother's
Birthplace

Pa.

Name of person giving
In formation

Raymond Montgomery

How related
to deceased

Son.

CAUSES OF DEATH

Primary

Lobar pneumonia

How long

10 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Dr. M. R. Ford

Address

So. Frederick
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Springfield

Name
in
Full

Henry L. Nicodemus

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

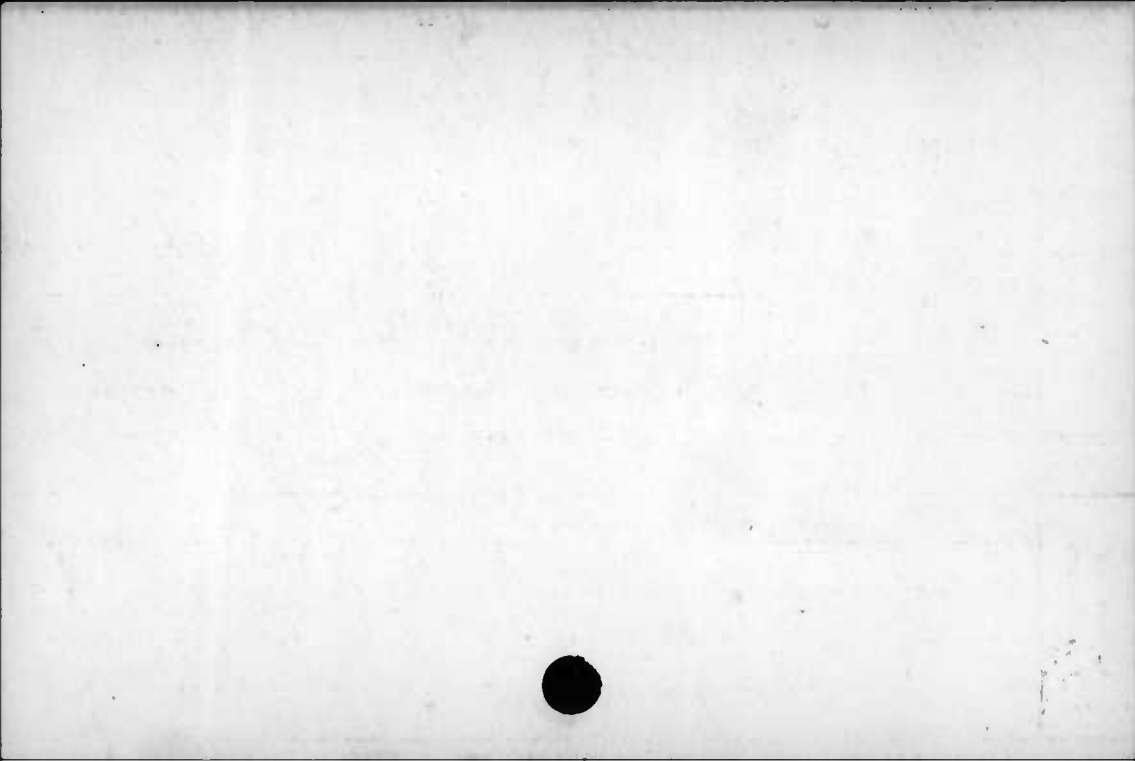
Died at ^{Town} Mount Savage		^{County} Allegany		MARYLAND	
Date of death	1908	Month	Jan.	Day	6
Age	80	Years	80	Months	2
Sex	Male	Color or Race	White	Birthplace	Germany
Occupation	Carpenter		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband Nancy Carter			
Father's Name	Christian Nicodemus			Father's Birthplace	Germany
Mother's Maiden Name	Mrs. K. A. [unclear]			Mother's Birthplace	
Name of person giving information	John Nicod			How related to deceased	Son

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

Primary	Chronic Bronchitis	How long	several years
Immediate	Acute on Chronic Bronchitis	How long	4 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	F. Alan G. Mumma
		Address	107 Savage Hill
Accident or Suicide?			



Name
in
Full

Mrs Hanorah Noonan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

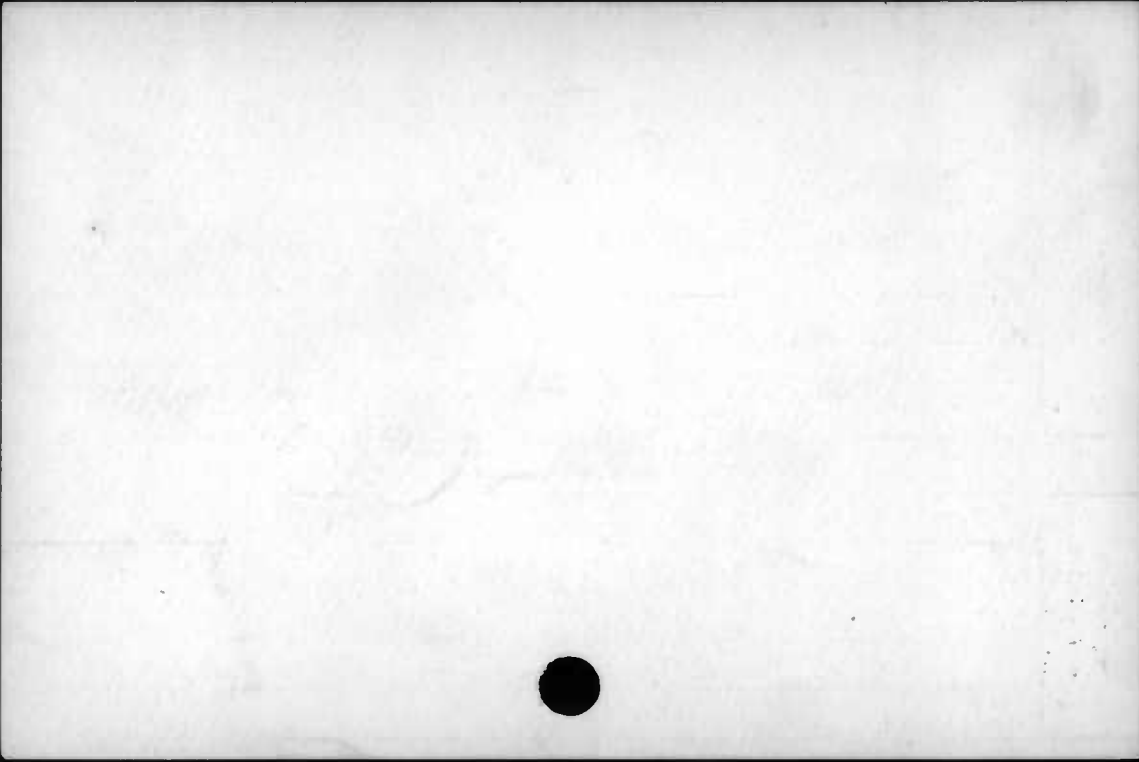
Died at		Town Cumberland		County Allegany		MARYLAND							
Date of death		1908		Month Jan.		Day 29		Years 82		Months		Days	
Sex		Female		Color or Race		white		Birth-place		Ireland			
Occupation		None		Where Residing if not at place of death									
Married, Single or Widowed		Widowed		Name of Wife or Husband		James Noonan							
Father's Name		James Callahan		Father's Birthplace		Ireland							
Mother's Maiden Name		Margaret Callahan		Mother's Birthplace		" "							
Name of person giving information		M.E. Noonan		How related to deceased		Son							

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	Senile debility	How long	6 mos.
Immediate	Exhaustion	How long	48 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		A. H. Brae m to	
		Address	
		Cumberd Ind	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Joseph O'Shea

Died at *Cumtland* ^{Town} *Allegheny Co.* ^{County} **MARYLAND**
Date of death *1908* ^{Month} *27* ^{Day} *26* ^{Years} *26* ^{Months} *—* ^{Days} *—*

Sex *Male* Color or Race *White* Birth-place *Ireland*

Occupation *Chassis* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *John O'Shea* Father's Birthplace *Ireland*

Mother's Maiden Name *Katharine* Sex *Female* Mother's Birthplace *Ireland*

Name of person giving information *Margaret O'Shea* How related to deceased *Sister*

CAUSES OF DEATH

108

PHYSICIAN
CORONER

Primary *Intestinal Obstruction* How long *One week*

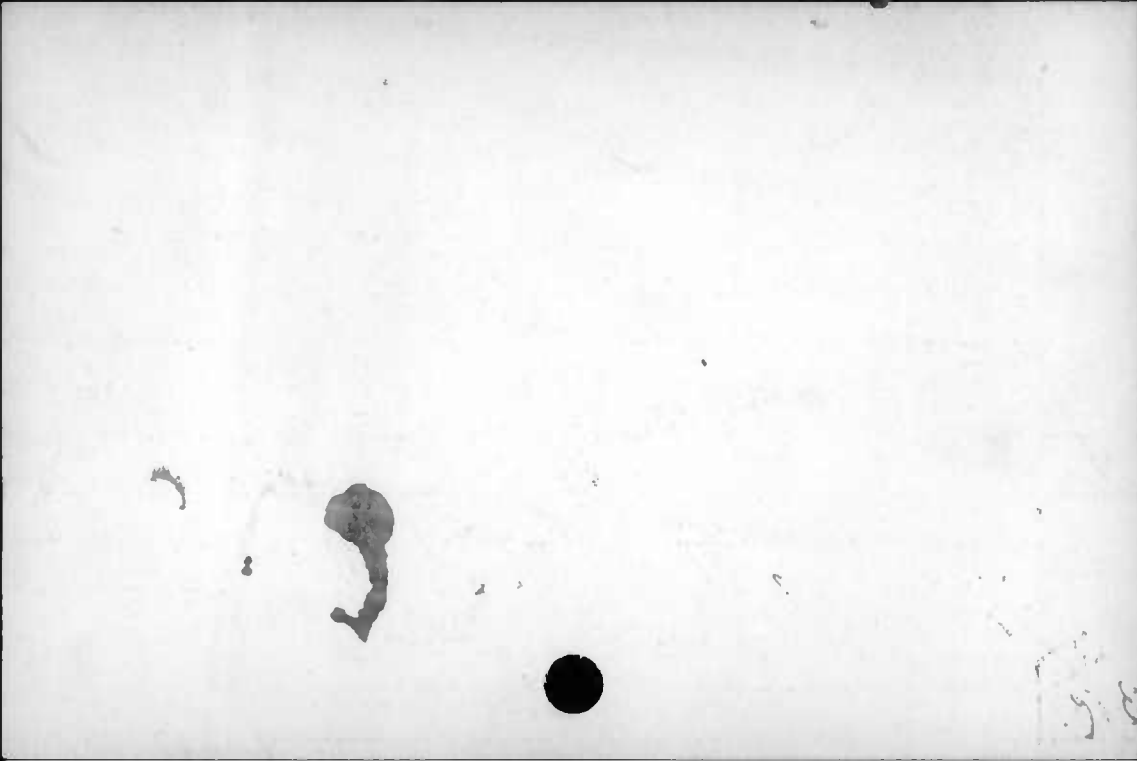
Immediate *Exhaustion* How long *One day*

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician *T. B. McDonald*

Address *Cumtland Md*

Accident or Suicide?



Name
in
Full

Michael Parrallo

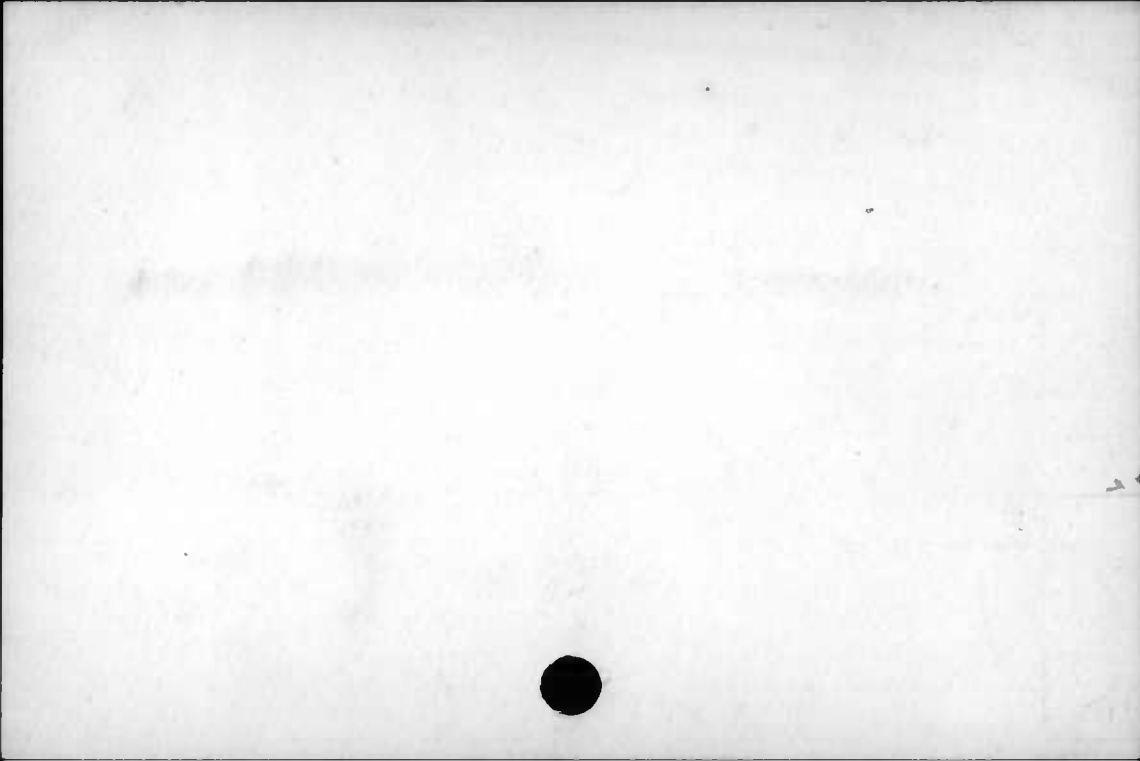
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cumberland		Town Allegany		County		MARYLAND	
Date of death 1908	Month July	Day 28	Age 26	Years	Months	Days	
Sex Male	Color or Race Italian	Birth-place Italy					
Occupation Laborer		Where Residing if not at place of death at Cumberland					
Married, Single or Widowed Single	Name of Wife or Husband Gionia						
Father's Name Lernardo Parrallo	Father's Birthplace Italy						
Mother's Maiden Name Do not know	Mother's Birthplace Italy						
Name of person giving information Salvatore Dagostrino	How related to deceased none						

CAUSES OF DEATH

PHYSICIAN OR CORONER 1	Primary	The ball entered back 176 went through front	
	Immediate	from a gun shot wound lung & lodged in back	
	Are the name, age, sex, color, date and place correctly given above?		yes
	Signature of Physician J. M. B. Croner		Address Cumberland Md
Accident or Suicide? Murder			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Myrtle Perry

Town *Cumberland* County *Del.*

MARYLAND

Died at *Cumberland* *Del.*

Date of death *1908* Month *Jan* Day *15* Age *3* Years Months *5* Days *-*

Sex *female* Color or Race *white* Birth-place *Cumld*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Clarence Perry* Father's Birthplace *Ind*

Mother's Maiden Name *Lizzie Bailey* Mother's Birthplace *Va*

Name of person giving information *Clarence Perry* How related to deceased *Father*

CAUSES OF DEATH

193

PHYSICIAN
OR CORONER

Primary *Pneumonia* How long *1 week*

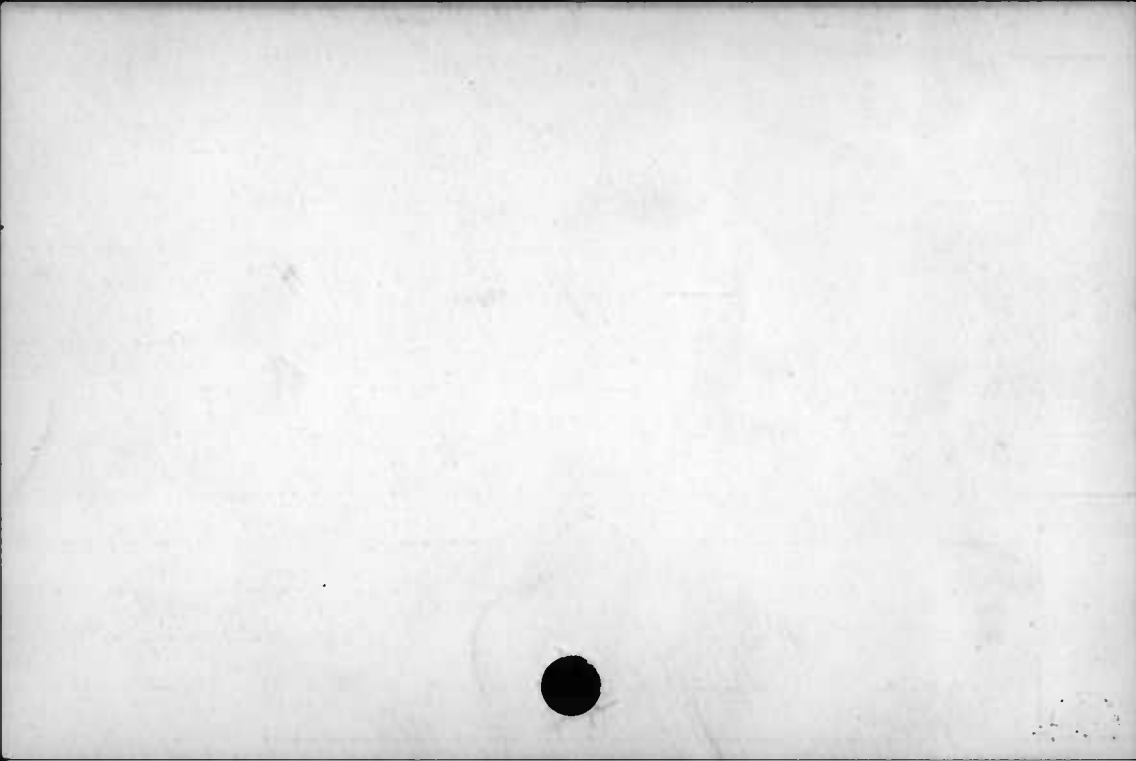
Immediate *Exhaustion* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. H. Broadbent*

Address *Cumld, Md*

Accident or Suicide? *No*



Name

in
Full

Lottie Phillips

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

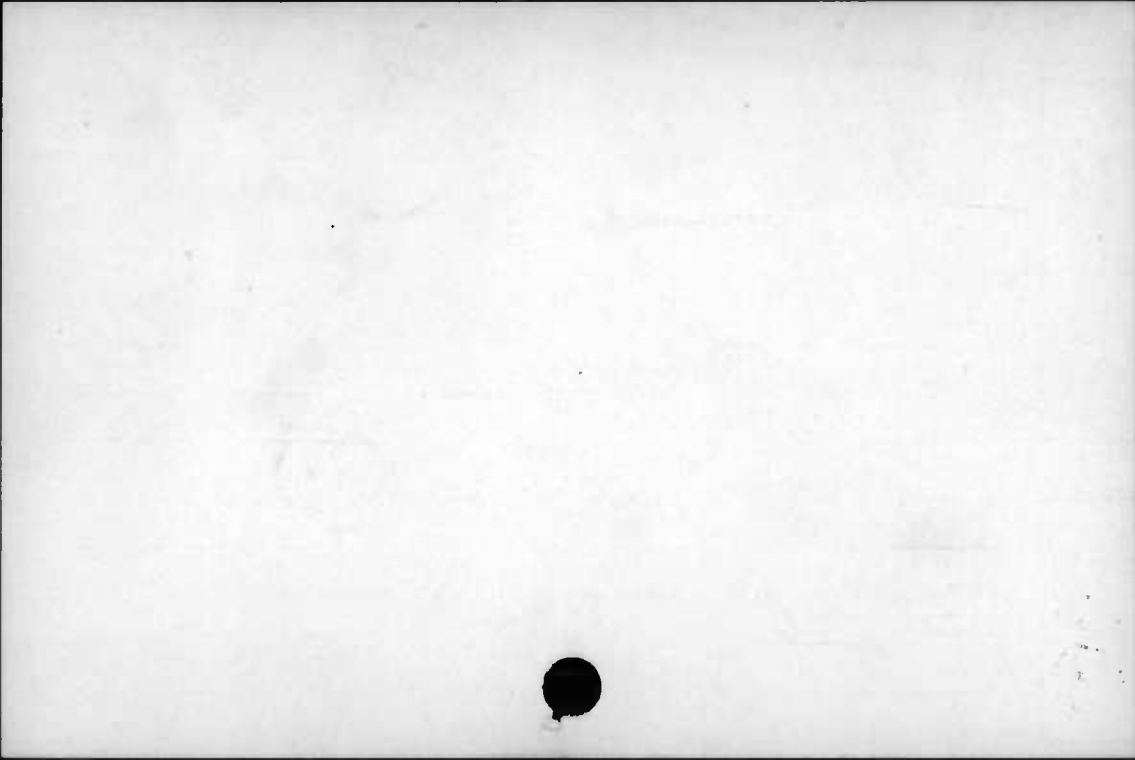
Died at <i>Longsoring</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death	<i>1908</i> ^{Month}	<i>Jun</i> ^{Day}	Age <i>35</i> ^{Years}	<i>72</i> ^{Months}	<i>—</i> ^{Days}
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>none</i>		Birth-place	<i>Longsoring</i>	
Where Residing if not at place of death			<i>—</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>—</i>	
Father's Name	<i>Samuel Phillips</i>			Father's Birthplace	<i>Nova Scotia</i>
Mother's Maiden Name	<i>Martha Bishop</i>			Mother's Birthplace	<i>England</i>
Name of person giving information	<i>Jesse Phillips</i>			How related to deceased	<i>Brother</i>

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary	<i>Neurasthenia (Cerebral)</i>	How long	<i>One year</i>
Immediate	<i>Exhaustion</i>	How long	<i>Five weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>W. B. Skilling</i>
<i>Yes</i>		Address	<i>Longsoring</i>
Accident or Suicide?			
<i>No</i>			



Name
in
Full

Nannie Phillips

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		July	7	Age	55		
Sex	Female		Color or Race	White		Birth-place	Charleston W. Va.
Occupation	Housekeeper		Where Residing if not at place of death		Med ave. City		
Married, Single or Widowed	Widow		Name of Wife or Husband		John H.		
Father's Name	Simon McKnight				Father's Birthplace	Scotland	
Mother's Maiden Name	Mary Myles				Mother's Birthplace	W. Va.	
Name of person giving information	Mrs. Regine McKnight				How related to deceased	Sister in Law	

CAUSES OF DEATH

79

PHYSICIAN
CORONER

Primary	Organic Heart Disease	How long	5 Weeks
Immediate	Uremia	How long	48 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Thos. H. Brown
	Address	Lynchburg, Va.	
Accident or Suicide?			



Name
in
Full

Ellen J. Porter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

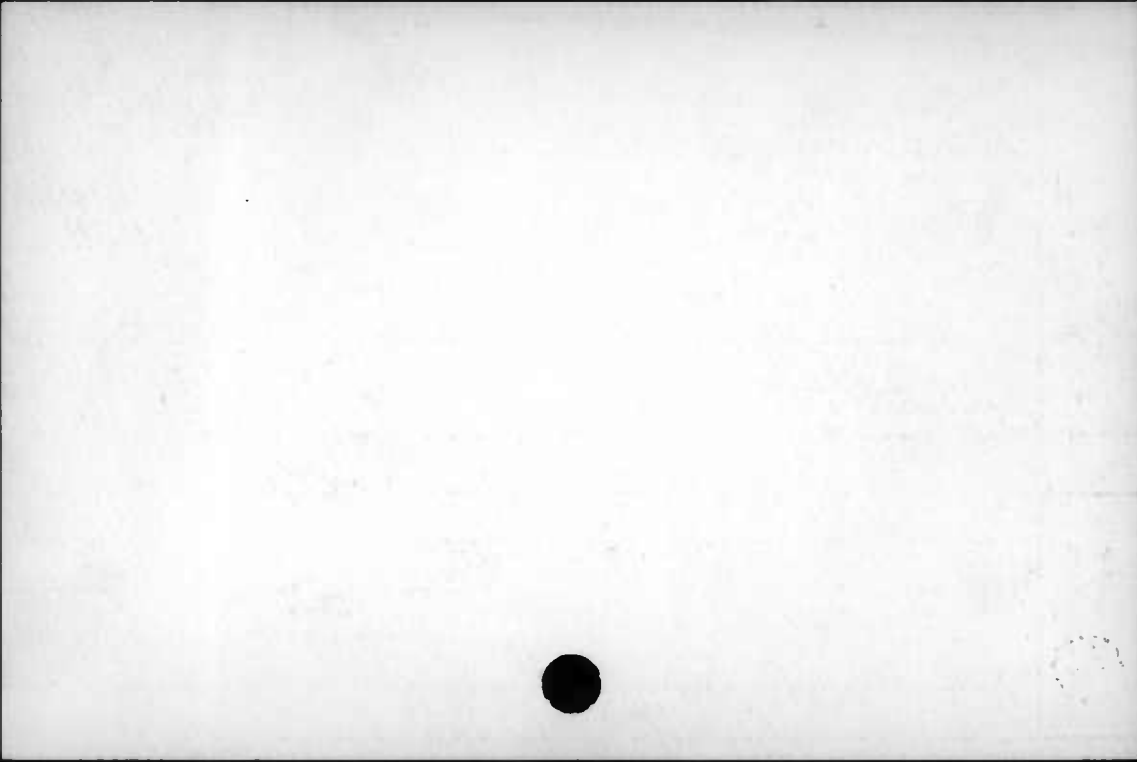
Died at <i>Anna</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>Jan</i> ^{Month}	<i>12</i> ^{Day}	Age <i>38</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Pa</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Hammock Md.</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John. Porter</i>				
Father's Name <i>John Swan</i>	Father's Birthplace <i>Maryland</i>		Mother's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Mary J. Yinger</i>	Name of person giving information <i>Chas Howard</i>		How related to deceased <i>Bro. in Law</i>		

CAUSES OF DEATH

115

PHYSICIAN
OR CORONER

Primary <i>Enlargement of Spleen</i>	How long <i>18 mo.</i>
Immediate <i>operation Shock</i>	How long <i>10 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>A. H. Hawkins</i>
<i>S. Swan</i>	Address <i>Curtis Hill Md.</i>
Accident or Suicide?	



Name
in
Full

Asbury Roberts Reilly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

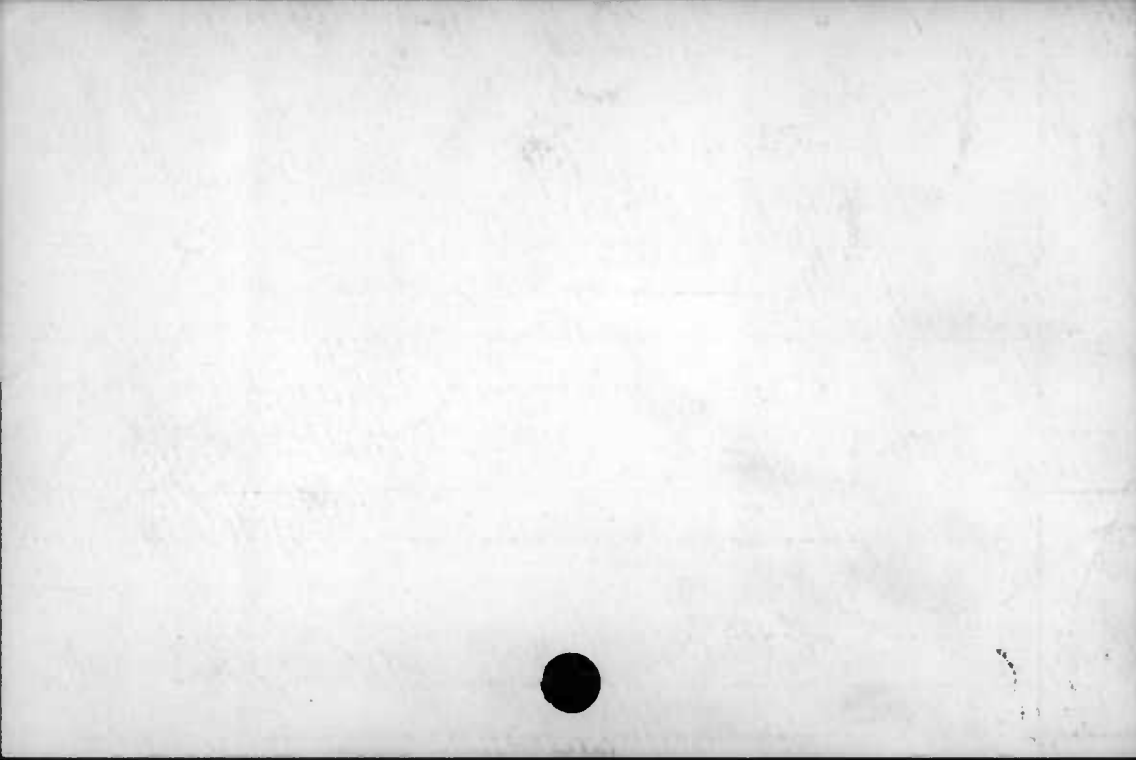
Died at <i>Chamberland</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>January</i> ^{Month}	<i>12</i> ^{Day}	Age <i>78</i> ^{Years}	<i>9</i> ^{Months}	<i>13</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Charlestown Wm</i>		
Occupation <i>Ret. Minister</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>James Reilly</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Eleanor Ewing</i>			Mother's Birthplace <i>Virginia</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>Grieff. Pneumonia</i>	How long <i>4 weeks</i>
Immediate <i>Heart Failure</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>[Signature]</i>
Address <i>[Signature]</i>	
Accident or Suicide? <i>—</i>	



Name
in
Full

Joseph P. Rhoden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

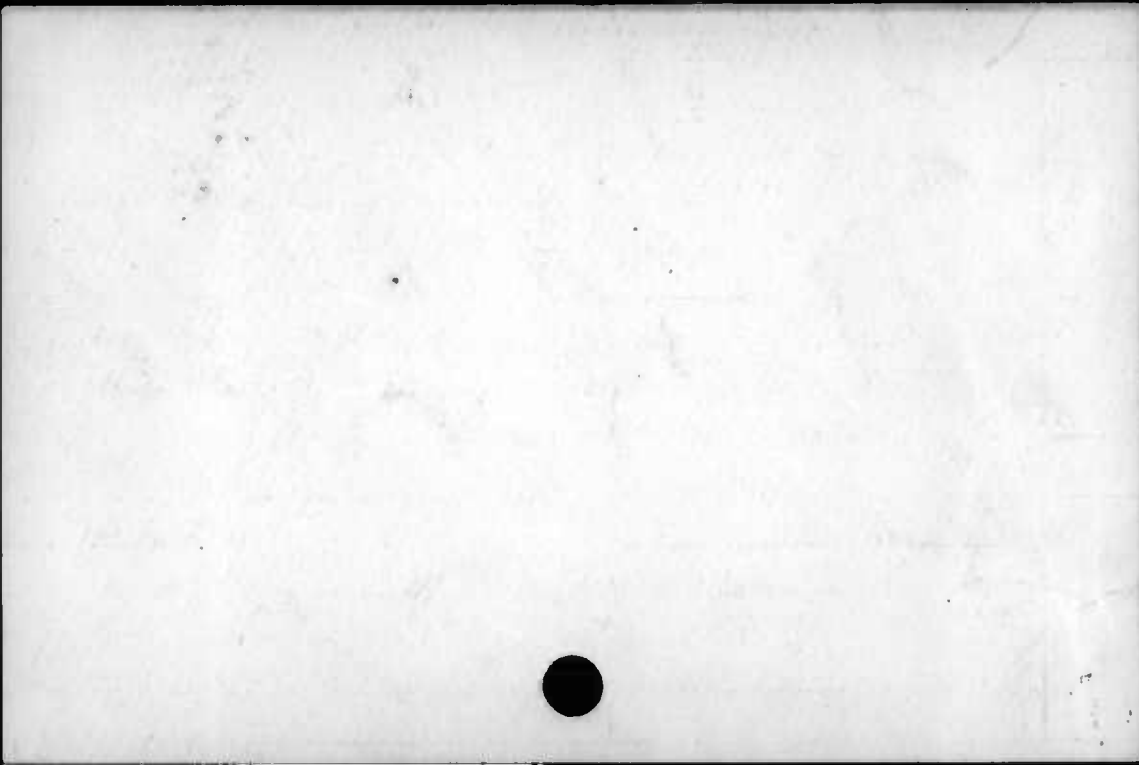
Died at <i>Cumberland</i>		Town <i>Allegheny</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>3</i>	Age <i>47</i>	Years	Months <i>7</i>	Days	
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Cumberland</i>				
Occupation <i>Laborer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Ida Rhoden</i>					
Father's Name <i>Phillips Rhoden</i>			Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Nora Sculley</i>			Mother's Birthplace <i>Ireland</i>				
Name of person giving information <i>Wm Rhoden</i>			How related to deceased <i>Mother</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>Sev. months</i>
Immediate <i>Cardiac weakness</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. C. Claybrook</i>
<i>Severe</i>	Address <i>Cumberland, MD</i>
<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">1</div> Accident or Suicide? <i>✓</i>	



Name
in
Full

Andrew J. Ryland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cumberland ^{Town} Allegany ^{County} **MARYLAND**

Date of death 1908 ^{Month} 1 ^{Day} second ^{Years} 80 ^{Months} ^{Days}

Sex Male Color or Race White Birth-place Sand County

Occupation Butcher Where Residing if not at place of death

Married, Single or Widowed M Name of Wife or Husband Mary Jane Ryland

Father's Name John Ryland Father's Birthplace Sand County

Mother's Maiden Name Mary G. Graunick Mother's Birthplace

Name of person giving information Erny Bell Ryland How related to deceased Daughter

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary Rheumatic Arthritis How long 2 yrs

Immediate Broncho-Pneumonia How long 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. H. Johnson

Address Cumberland

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i>		Town <i>Cambridge</i>		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>January</i>	Day <i>12</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Cambridge</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>J. H. Tanner</i>				Father's Birthplace <i>Frederick Md.</i>			
Mother's Maiden Name <i>Susan Hamblin</i>				Mother's Birthplace <i>Confluence</i>			
Name of person giving information <i>J. H. Tanner</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature Birth (6 months)</i>	How long <i>—</i>
Immediate <i>Placenta Previa</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. White</i>
<i>Steno</i>	Address <i>20 W. 10th St. Baltimore Md.</i>
Accident or Suicide?	



Name
in
Full

Andrew Schuyler.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town		County	
Lonaconing				Allegheny	
Date of death	1908	Month	June	Day	4
				Years	24
Sex	male	Color or Race	White	Birth- place	Lonaconing, Ind.
Occupation	Miner		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	James Schuyler		Father's Birthplace		
Mother's Maiden Name	Catherine Mc Indoe		Mother's Birthplace		
Name of person giving In formation	Wm. A. McIndoe		How related to deceased		
				Uncle	

CAUSES OF DEATH

166

How long

PHYSICIAN
OR CORONER

Primary	Crushed in mine by		How long	
Immediate	fall of coal		How long	Instant
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Henry M. Hodgson
			Address	Lonaconing, Ind.
Accident or Suicide?		Accident		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Loretta Cathrine Sell

Town *Cumuld* County *Alleg.*

Died at *Cumuld*

Date of death *1908* Month *Jan* Day *20* Age *18* Years Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Michael Sell* Father's Birthplace *Ind*

Mother's Maiden Name *Maggie Warner* Mother's Birthplace *Pa*

Name of person giving information *Michael Sell* How related to deceased *Father*

CAUSES OF DEATH

(47)

PHYSICIAN
OR CORONER

Primary *Acute Rheumatoid Fever* How long *9 days*

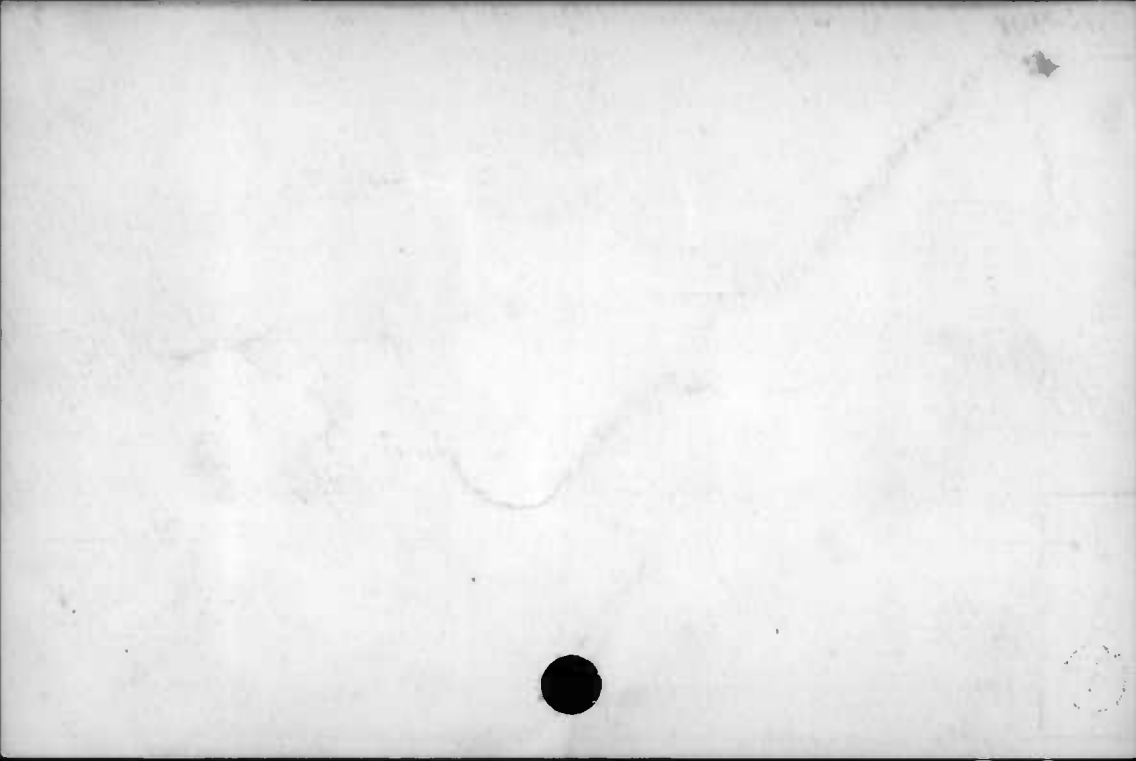
Immediate *Dilated l. heart, with ordinary ^{lung}* How long *few hrs.*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Edward Harris*

Address *Cumuld*

Accident or Suicide? *No*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Cumtula* ^{Town} *Alleg* ^{County}Date of death *1908* ^{Month} *Jan* ^{Day} *31* ^{Years} *68* ^{Months} *—* ^{Days} *—*Sex *Male* Color or Race *White* Birth-place *Pa.*Occupation *Miner* Where Residing if not at place of deathMarried, Single or Widowed *Married.* Name of Wife or Husband *Rachel Shaw.*Father's Name *Do not know* Father's Birthplace *Do not know*Mother's Maiden Name *" "* Mother's Birthplace *" "*Name of person giving information *Louis C Shaw* How related to deceased *Son*

CAUSES OF DEATH

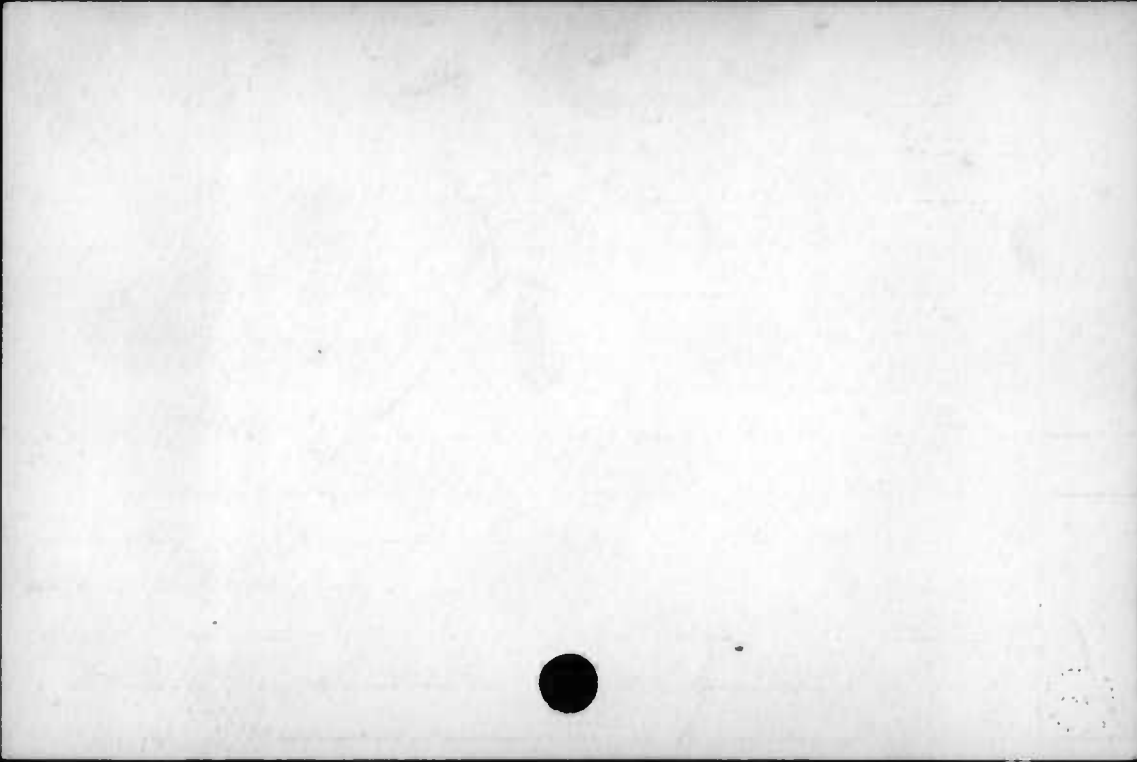
80

Primary *Arterio Sclerosis* How long *100 years*
Immediate *Angina Pectoris* How long *several weeks*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Bessie Skidmore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

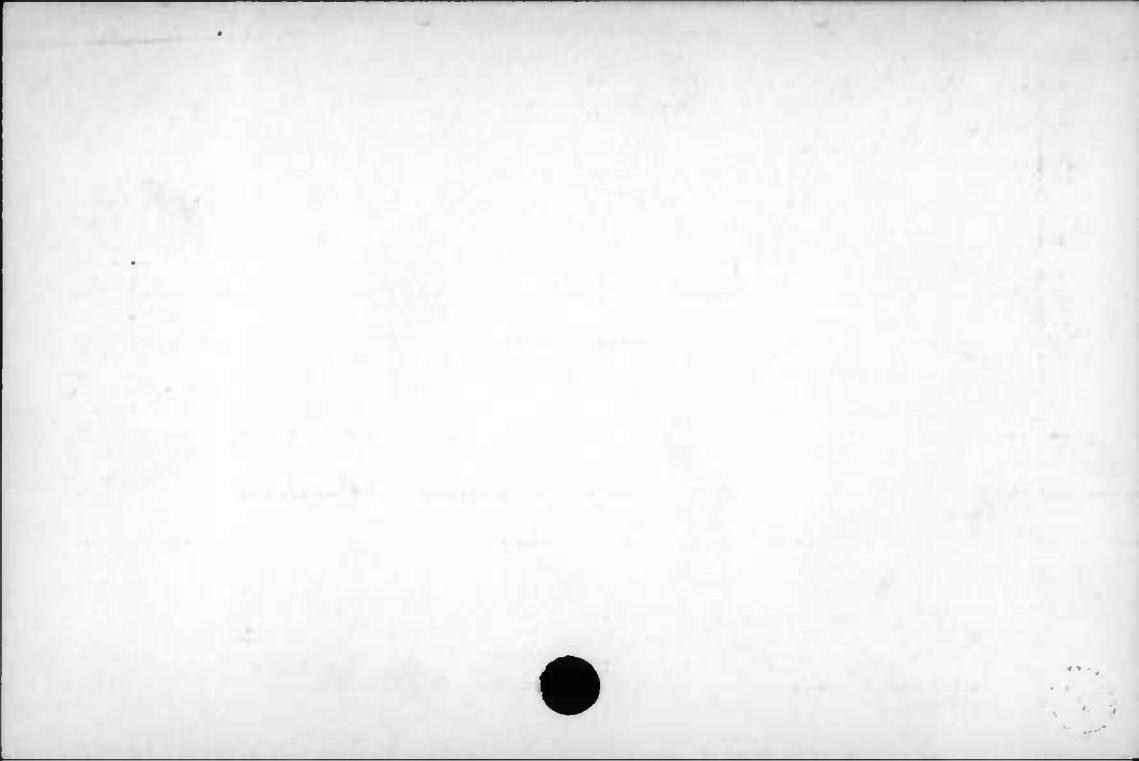
Died at <i>Peekin</i> Town		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Jan</i>	Day <i>2</i>	Age <i>—</i>	Months <i>—</i>	Days <i>17</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Peekin</i>		
Occupation <i>— none</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John Skidmore</i>			Father's Birthplace <i>Frostburg -</i>		
Mother's Maiden Name <i>Maggie Arnold -</i>			Mother's Birthplace <i>Pawling Md</i>		
Name of person giving information <i>John Skidmore</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>a - twin baby - very feeble at birth</i>	How long <i>—</i>
Immediate <i>Incurtion</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James O. Bullock M.D.</i>
	Address <i>Lawrence Md</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Earl Skidmore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

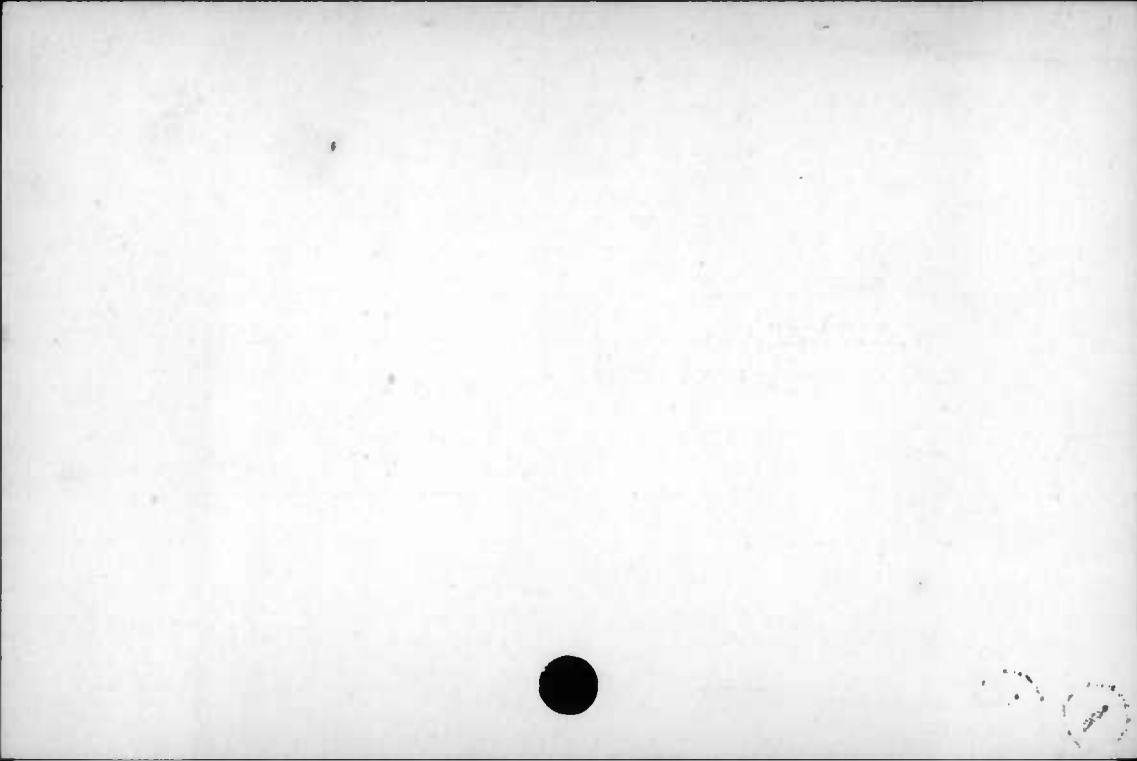
Died at <i>Pekin</i> Town		County <i>Allegheny</i>		MARYLAND		
Date of death <i>1908</i>	Month <i>Jan</i>	Day <i>4</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>19</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Pekin</i>			
Occupation <i>— none</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>				
Father's Name <i>John Skidmore</i>		Father's Birthplace <i>Postburg</i>				
Mother's Maiden Name <i>Maggie Arnold</i>		Mother's Birthplace <i>Rawlins</i>				
Name of person giving information <i>John Skidmore</i>		How related to deceased <i>father</i>				

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>A twin small & feeble at birth</i>	How long <i>—</i>
Immediate <i>Starvation</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James O. Bullock M.D.</i>
	Address <i>Lawrence, Mo.</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

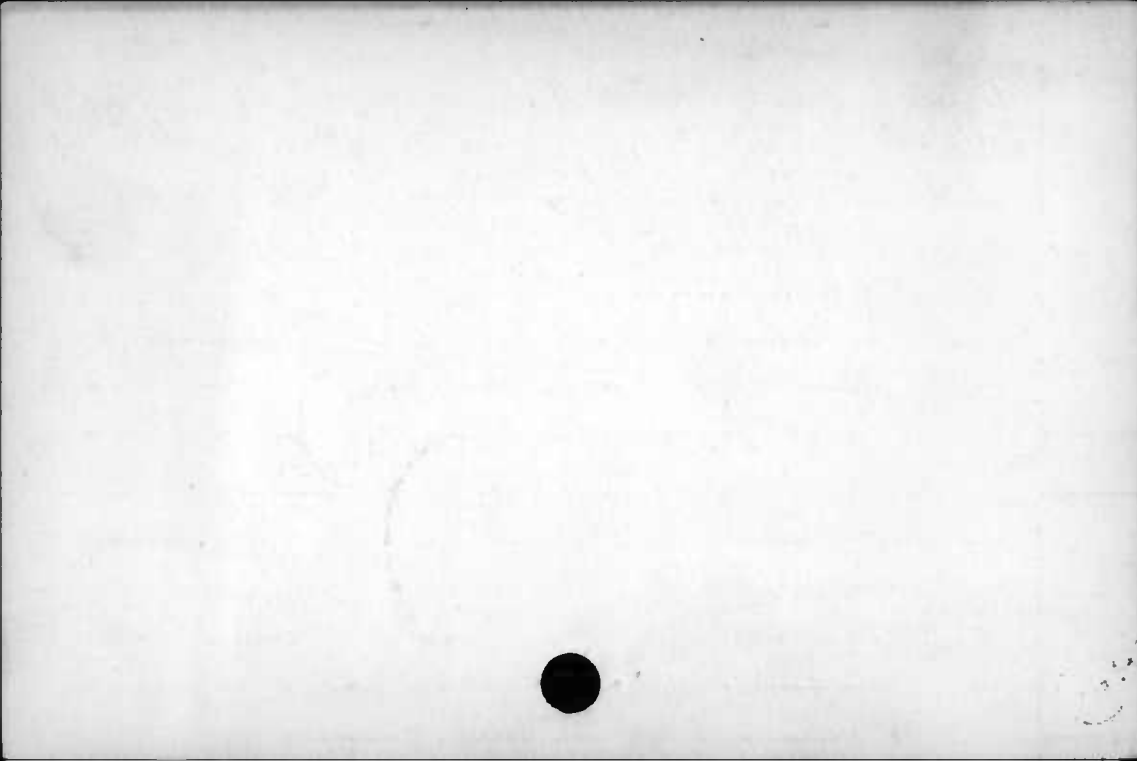
Died at <u>Cumberland</u> Town		<u>Alleghany</u> County		MARYLAND	
Date of death	1908	Month	June	Day	16
Age	5 1/2		Months	None	
Sex	Male	Color or Race	White	Birth-place	Cumberland.
Occupation	Infant		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	John W. Smith			Father's Birthplace	Tenn.
Mother's Maiden Name	Dora Gertler			Mother's Birthplace	W. Va.
Name of person giving information	John W. Smith			How related to deceased	Father.

CAUSES OF DEATH

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	
Yes	Signature of Physician
Address	
Accident or Suicide?	

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Alta Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

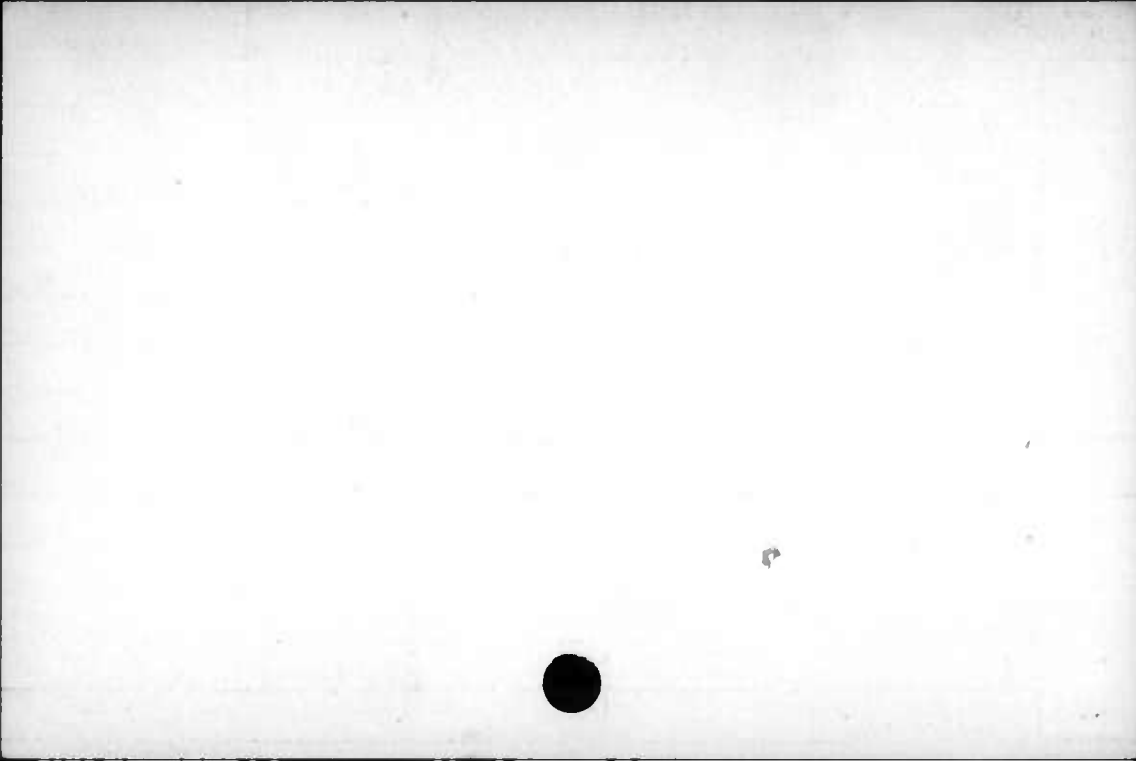
Died at <u>Barton</u> Town		<u>Allegheny</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>Jan</u>	Day <u>18</u>	Age <u>45</u>	Months <u>7</u>	Days <u>7</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Baltimore</u>		
Occupation <u>✓</u>		Where Residing if not at place of death <u>✓</u>			
Married, Single or Widowed <u>-</u>		Name of Wife or Husband <u>✓</u>			
Father's Name <u>William Smith</u>		Father's Birthplace <u>Allegh. Co</u>			
Mother's Maiden Name <u>Bertha Schmidt</u>		Mother's Birthplace <u>Baltimore</u>			
Name of person giving information <u>Wm Smith</u>		How related to deceased <u>father</u>			

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary	<u>Obstruction of bowels</u>	How long	<u>7 days</u>
Immediate	<u>Convulsions</u>	How long	<u>7 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>S. A. Brucher</u>	
		Address <u>Barton Md</u>	
Accident or Suicide? <u> </u>			



TO BE ANSWERED BY
NEAREST FRIEND

Fannie Smith

Town

County

MARYLAND

Died at

Cumberland

Allegany

Date

Month

Day

about

Years

Months

Days

of death 1908

1

15

Age

42

0

Sex

Female

Color or
Race

White

Birth-
place

Laurens Co

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

James Smith

Father's
Name

E. Whittaker

Father's
Birthplace

unknown

Mother's
Maiden Name

unknown

Mother's
Birthplace

unknown

Name of person giving
information

Capt Ferrell

How related
to deceased

none

CAUSES OF DEATH

176

Primary

Pistol Shots Shot in

How long

1 1/2 hours

Immediate

Shrapnel back + stomach by

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

G H Wartz Coroner

Crum Rye husband

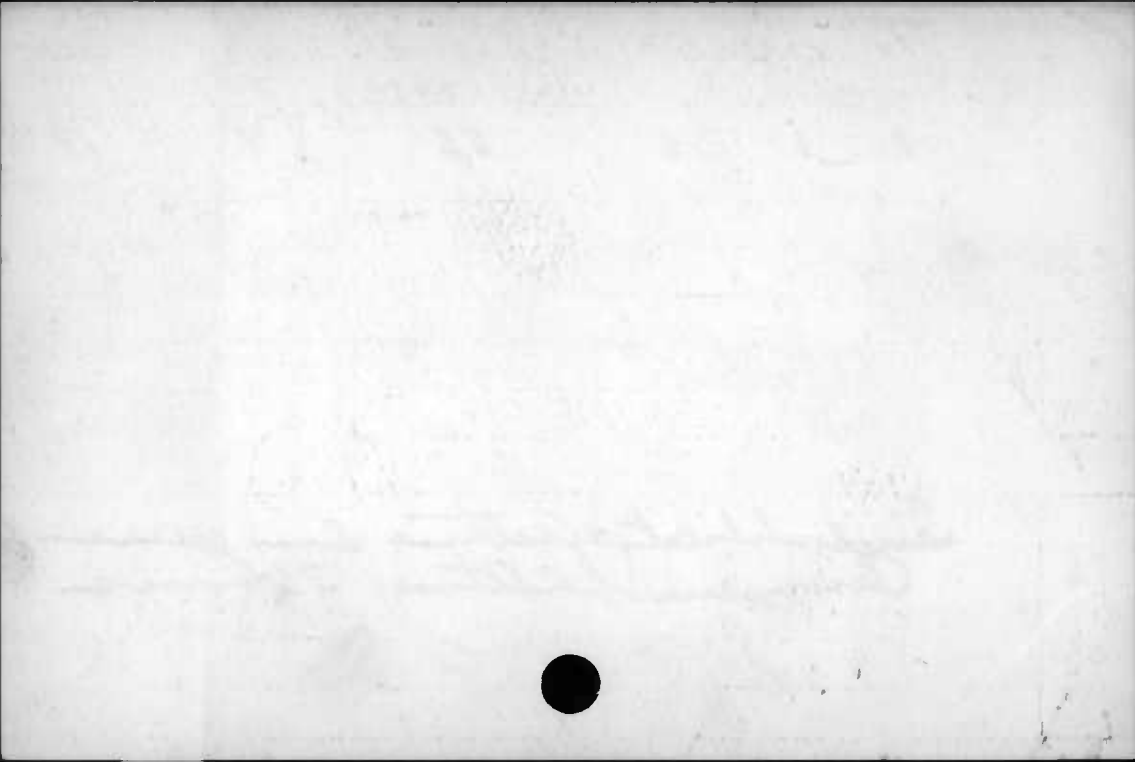
Address

Cumberland

Accident or Suicide?

Murder

Md



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Margaret Stevens
Frostburg Allegany

MARYLAND

Date

of death 1908

Month

1

Day

1

Age

Years

88

Months

9

Days

19

Sex

Female

Color or
Race

White

Birth-
place

near Allegany, Md.

Occupation

Housewife -

Where Residing if not
at place of death

Allegany, Md.

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Harry Stevens -

Father's
Name

John Workman

Father's
Birthplace

Holland

Mother's
Maiden Name

Annical Cornish

Mother's
Birthplace

near Allegany, Md.

Name of person giving
Information

Ulysses Hanna

How related
to deceased

Grandmother

CAUSES OF DEATH

154

Primary

Senile debility + Asthma Since years

Immediate

Paroxysm of asthma 36 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

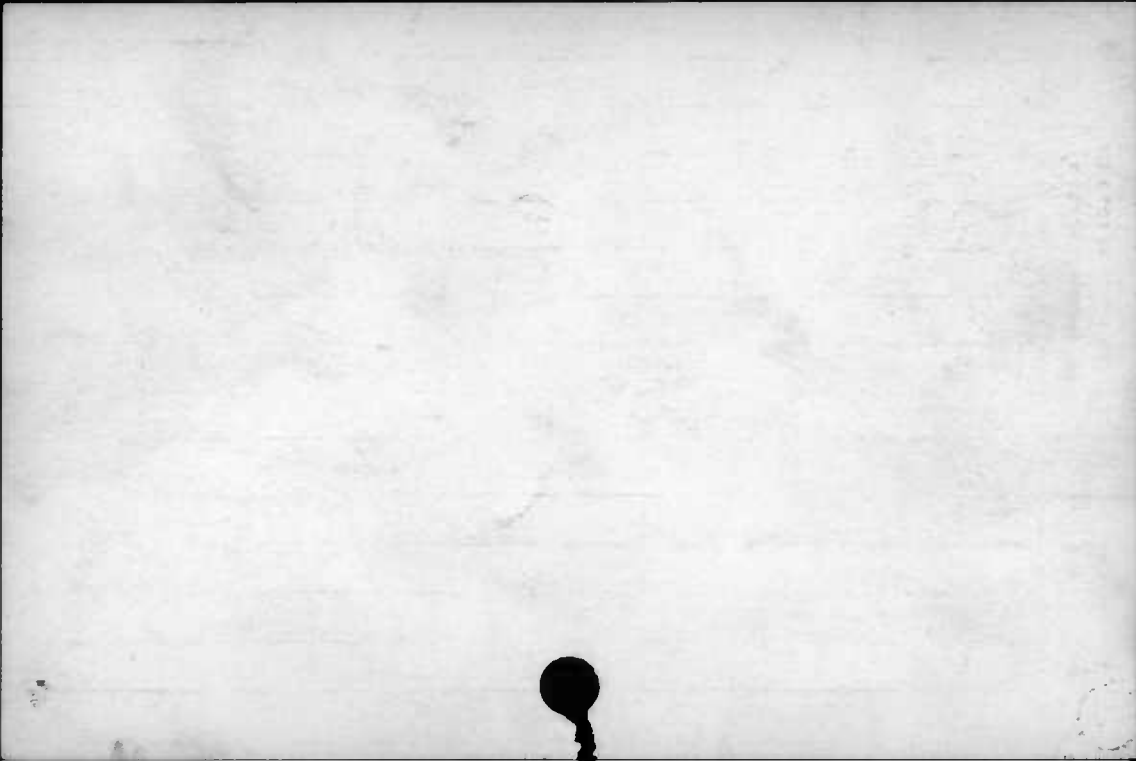
Signature of
Physician

Address

J. C. Coker
Frostburg, Md.

Accident or Suicide?

No



Name
In
Full

Liston Kilgore Truly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

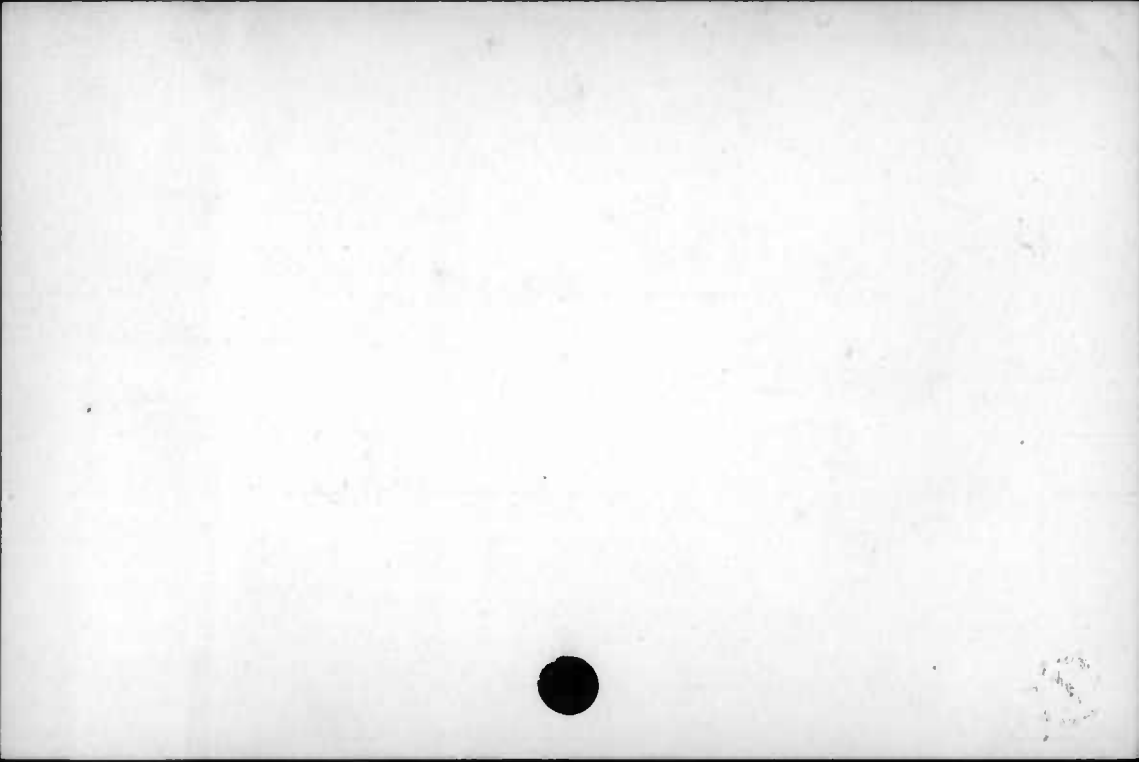
Died at <i>Smooching</i> Town		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Jan</i>	Day <i>1</i>	Years <i>2</i>	Months <i>3</i>	Days <i>7</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Smooching</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Edward Truly</i>		Father's Birthplace <i>Smooching</i>			
Mother's Maiden Name <i>Mary Ann Dick</i>		Mother's Birthplace <i>Smooching</i>			
Name of person giving information <i>Edward Truly</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

(61)

PHYSICIAN
OR CORONER

Primary <i>Brinolitis</i>	How long <i>3 weeks</i>
Immediate <i>Meningitis Cerebral</i>	How long <i>11 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James O. Bullock M.D.</i>
	Address <i>Smooching Md</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Loonansing</i> Town <i>Alligum</i> County		MARYLAND									
Date of death	1908	Month	Jan	Day	21	Age	70	Months	6	Days	26
Sex	Male		Color or Race	White		Birth-place	Scotland				
Occupation	Miner		Where Residing if not at place of death								
Married, Single or Widowed	Widower		Name of Wife or Husband	Christina Dobson (deceased)							
Father's Name	Isaac Turnbull		Father's Birthplace	Scotland							
Mother's Maiden Name	Elizabeth Patterson		Mother's Birthplace	11							
Name of person giving information	Mrs. David Drum		How related to deceased	Daughter							

CAUSES OF DEATH

64

PHYSICIAN
OR
CORONER

Primary	<i>Chronic Bronchitis</i>	How long	<i>Six months</i>
Immediate	<i>Apoplexy</i>	How long	<i>48 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>C. B. Skilling</i>
		Address	<i>Loonansing</i>
Accident or Suicide?	<i>no</i>		



Name
in
Full

CERTIFICATE OF DEATH

Anna Sanders Washington

Town

County

MARYLAND

Died at

Emma

Alle

Date

1908

Month

Jan

Day

21

Age

Years

28

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Pa

Occupation

Housewife

Where Residing if not
at place of death

Bedford St

Married, Single
or Widowed

Married

Name of Wife or
Husband

Robert Washington

Father's
Name

Sanders

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

" "

Name of person giving
In formation

John H. Lindsay

How related
to deceased

none

CAUSES OF DEATH

Primary

Tuberculosis

How long

About

Immediate

Exhaustion & Neglect

How long

3 months

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

E. H. Mays, Coroner

Address

Cumberland

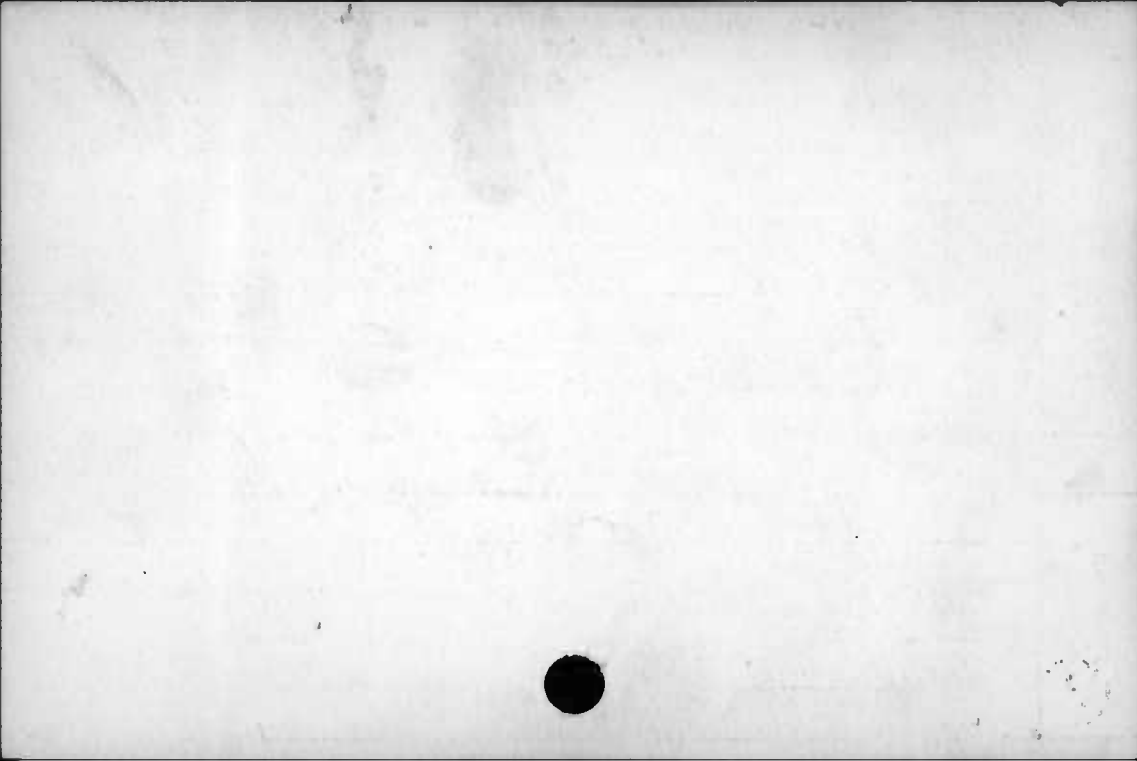
Accident or Suicide?

Strain

Ma

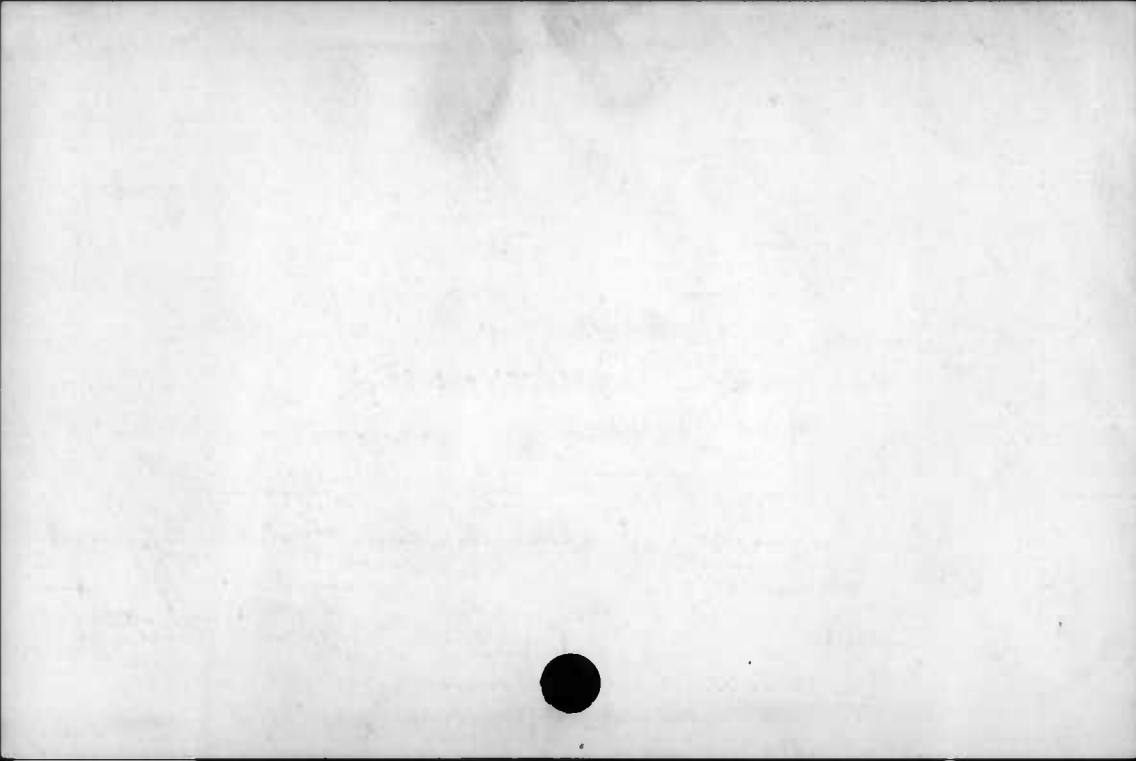
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



PHYSICIAN
OR CORONER

LIBRARY BUREAU A88816



Name
in
Full

CERTIFICATE OF DEATH

Infant of Geo P. Ways

Town

County

MARYLAND

Died at

Cumber

Adele

Date

1908

Month

Jan

Day

9

Age

Years

0

Months

0

Days

0

Sex

male

Color or
Race

white

Birth-
place

Cumber

Occupation

none

Where Residing if not
at place of death

—

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

Geo P Ways

Father's
Birthplace

Pa

Mother's
Maiden Name

Florence Dowden

Mother's
Birthplace

Md

Name of person giving
information

Geo P Ways

How related
to deceased

father

CAUSES OF DEATH

Primary

Premature Birth

How long

in 7 1/2 mo

Immediate

Exhaustion

How long

in 7 1/2 mo

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

C. H. Brace D.D.

Address

Cumberland
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Cella Anna Welsh

Town

County

Died at *7 out on Baltimore*

Ind. Allen

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1908 Jan 22

Age

8

17

22

Sex

Female

Color or Race

White

Birth-place

Ind

Occupation

none

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

none

Father's Name

Emanuel Welsh

Father's Birthplace

Pa

Mother's Maiden Name

Mellie A. Bury

Mother's Birthplace

Ind

Name of person giving information

Emanuel Welsh

How related to deceased

Father

CAUSES OF DEATH

Primary

Burn, clothes ignited

How long

20 pers.

Immediate

Shock from fire

How long

3 hrs.

Are the name, age, sex, color, date and place correctly given above?

Accidental

Signature of Physician

Edward Harris

Address

Cumberland

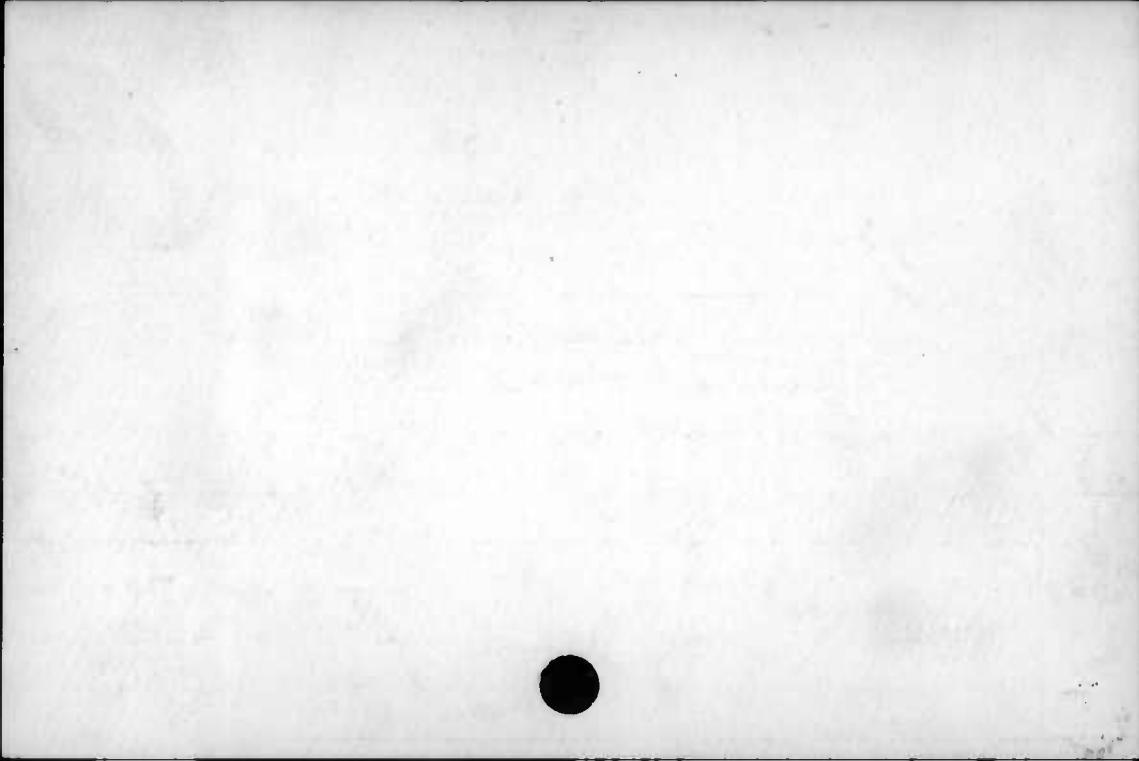
Accident or Suicide?

Harris Ind.

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

167



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death

Sex

Occupation

Married, Single
or Widowed

Father's
Name

Mother's
Maiden Name

Name of person giving
In formation

Town

County

MARYLAND

Month

Day

Age

Years

Months

Days

Color or
Race

Birth-
place

Where Residing if not
at place of death

Name of Wife or
Husband

Father's
Birthplace

Mother's
Birthplace

How related
to deceased

CAUSES OF DEATH

41

Primary

Immediate

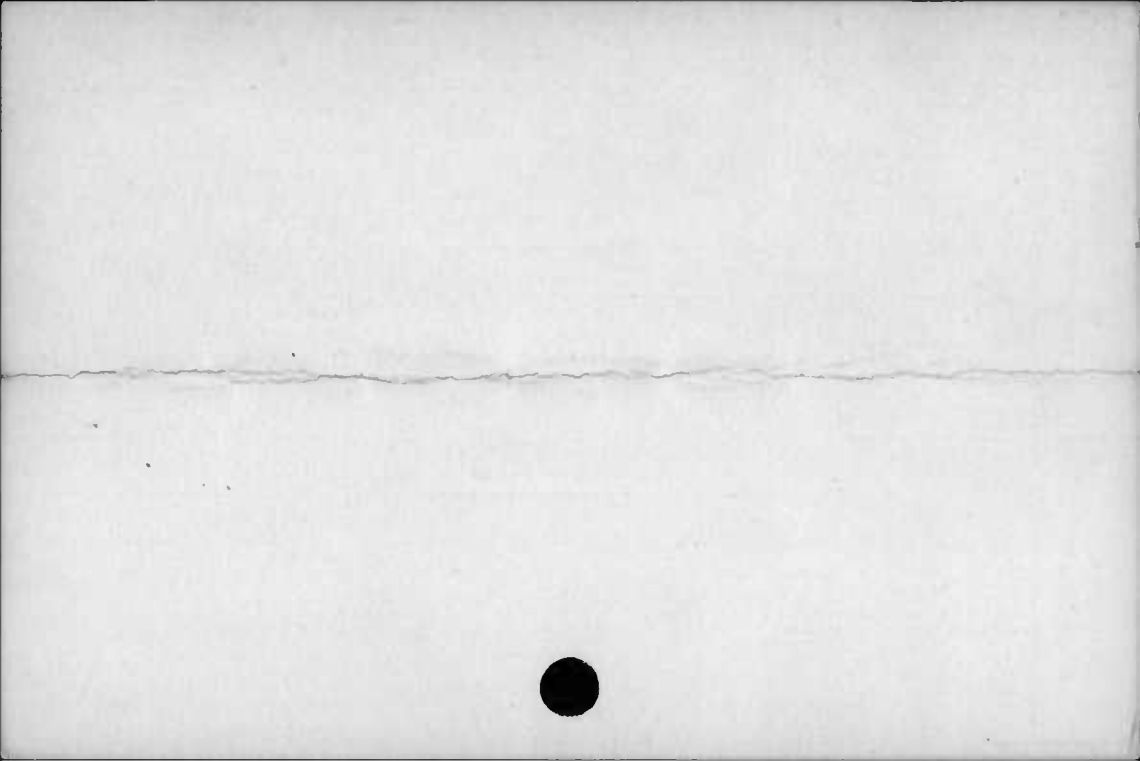
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Alleghany</i> ^{Town}		<i>Alleghany</i> ^{County}		MARYLAND	
Date of death	1908	Month	1	Day	27
Age	46	Years	7	Months	22
Sex	male	Color or Race	White	Birth-place	Alleghany
Occupation	Miner	Where Residing if not at place of death		Alleghany	
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	Benjamin Yates			Father's Birthplace	Wales
Mother's Maiden Name	Margaret Jenkins			Mother's Birthplace	" "
Name of person giving information	Mrs Margaret Miller			How related to deceased	Sister

CAUSES OF DEATH

170

PHYSICIAN
OR CORONER

Primary	<i>Froze to Death</i>	How long
Immediate	<i>Froze to Death</i>	How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?	<i>Froze Dead</i>	<i>J. H. Mark Warner</i> <i>Brimfield</i> <i>Ma</i>

Pearse Conn.

J. Hafer.

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

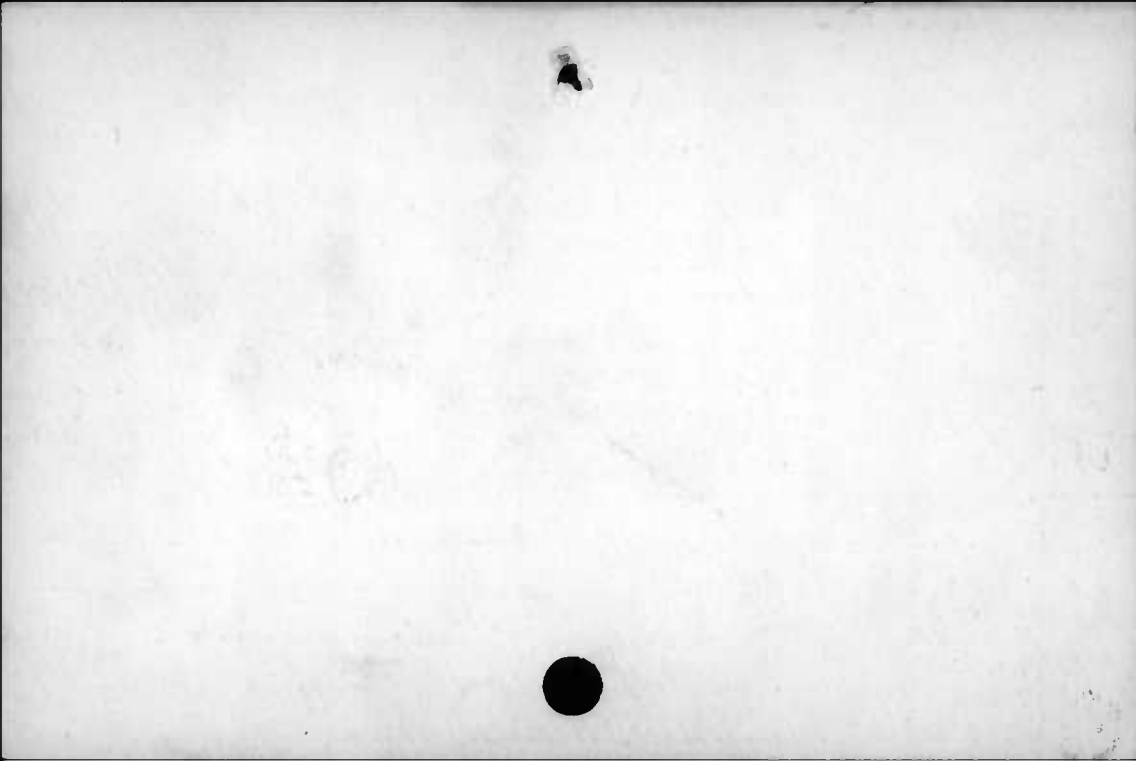
Name in Full		Town		County		State	
Died at		Near Little Orleans.		Alliport		Maryland	
Date of death	1908	Month	Jan.	Day	13.	Years	Age 47.
Sex	Female,		Color or Race	White.		Birth-place	Near Little Orleans.
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband Riley H. Youker, 1				
Father's Name	James Norris					Father's Birthplace	Wash. Co. Md.
Mother's Maiden Name	Mary Hammecher.					Mother's Birthplace	Wash. Co. Md.
Name of person giving information	Riley H. Youker.					How related to deceased	Husband.

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	Pneumonia Bronchi	How long	14 days.
Immediate	Acute dilatation heart.	How long	3 days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. M. Myllobur BS MD.	
		Address Buck Valley Ga.	



Name in Full		Office <i>Zimmerly</i>				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Zimmerly Farm</i>		Town <i>accogay</i>		County		MARYLAND
	Date of death <i>1908</i>	Month <i>July</i>	Day <i>7</i>	Age <i>20</i>	Years	Months	
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Accogay Co</i>			
	Occupation <i>Home Keeper</i>			Where Residing if not at place of death <i>-</i>			
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>				
	Father's Name <i>George Zimmerly</i>			Father's Birthplace <i>Accogay Co</i>			
Mother's Maiden Name <i>Zula Stallings</i>			Mother's Birthplace <i>Accogay Co.</i>				
Name of person giving information <i>Francis Hinckle</i>			How related to deceased <i>none</i>				
CAUSES OF DEATH							
PHYSICIAN OR CORONER (1)	Primary <i>Pneumonia</i>			How long <i>15 days</i>			
	Immediate <i>Exhaustion</i>			How long <i>1 week</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>			Signature of Physician <i>W. F. Turrig</i>			
	<i>Stearns</i>			Address <i>Candorland, MD.</i>			
Accident or Suicide? <i>-</i>							

Developed about 3
weeks before birth
of child, caused
death 8 days after
birth.